MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07923

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 826 Eastern ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): 826 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) C. (Last) Adams

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 27th. 1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months 1 Days 27 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Anna May Eiler-826 Eastern Ave. Essex, Balto: Co Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (420,1)	(a) Coronary Occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (932)	(b) A-S-C-V. Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W R Davis MD Dept Med. Examiner Dundalk. Balto Co Md 8/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-26-50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Eastern Ave, Balto: Md.

DATE REC'D BY LOCAL REG. 8/24/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick Jr.

24. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07924

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium, Vendant Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: None
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2004 Linden Ave.

3. NAME OF DECEASED (Type or Print): (First) Madge (Middle) (None) (Last) Albertine
4. DATE OF DEATH: (Month) August (Day) 2nd (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 25 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.R.
13. FATHER'S NAME: Joseph Zaligiris
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Carroll Albertine 2004 Linden Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — Several months

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1946, to Aug 1st, 1950, that I last saw the deceased alive on August 1st, 1950, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lewis P. Gunby M.D. — ADDRESS: Relay 27, Md. — DATE SIGNED: August 2, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/4/50 — NAME OF CEMETERY OR CREMATORY: Balto V.S. National — LOCATION (City, town, or county): 5100 Frederick Rd (State) Md

DATE REC'D BY LOCAL REG.: 8/3/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick per [illegible] — 24. FUNERAL DIRECTOR: Charles W Kachauskas — ADDRESS: 703 McHenry Ave

MARYLAND STATE DEPARTMENT OF HEALTH

07925

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7805 Meath Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7805 Meath Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T. (Last) Alderson
4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Aug. 8, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Crost & Blackwell
11. BIRTHPLACE (State or foreign country) York, S. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Alderson
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John B. Alderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) ~~H.S.C.~~ Coronary Occlusion —

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A-S-Cardio-vascular Disease 10 yr —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N B Davis MD Dep Med-Exam-Dundalk-22-Md. 8/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 18, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Rock Hill, South Carolina

DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE William M. Kelly, Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

496 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 18 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

67926

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH- COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8042 Liberty Rd.	STREET ADDRESS (If rural, give location) 8042 Liberty Rd.

3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) L.	(Last) BAILEY	4. DATE OF DEATH	(Month) Aug.	(Day) 16	(Year) 1950
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/16/1880	9. AGE last birthday 69 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed	10b. KIND OF BUSINESS OR INDUSTRY Plumbing-Heating	11. BIRTHPLACE (State or foreign country) Balto.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Charles Bailey	14. MOTHER'S MAIDEN NAME Martha Ebaugh						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 220-22-4100	17. INFORMANT AND ADDRESS Mrs. Mary L. Bailey 8042 Liberty Rd.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia	14 days
422.2 Antecedent cause(s)	Myocarditis about	2 mos.
93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 1950, to Aug. 16 1950, that I last saw the deceased alive on Aug. 16 1950, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter S. Viblett		2220 Garrison Blvd.	Aug. 17, '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 8/19/50	NAME OF CEMETERY OR CREMATORY Mt. Olive	LOCATION (City, town, or county) (State) Randallstown, Md.
DATE REC'D BY LOCAL REG. 8/18/50	REGISTRAR'S SIGNATURE H. W. Hedrick	24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons Inc	ADDRESS North & Po Balto Md

Dm

156 V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

67927

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Brightside St.	STREET ADDRESS (If rural, give location): 12 Brightside St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	W	Barnhart	Aug.	24,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Aug 16, 1860	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman (retired)	Balto. Trans.	Maryland	U.S.a.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Johnas Neudecker	Catherine Pennington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no.	no	none	Mrs. Chas. Slade 12 Brightside St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremic Coma	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis - chronic & Hypertension & arteriosclerosis	
	(c) Myocarditis Decompensatio	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

592X
131.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-1-, 1950, to 8-24-, 1950, that I last saw the deceased alive on 8-23, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John T. Saffell	M.D.	Reisterstown Md	8/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/26/50	Meadow ridge	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/50		John T Stansbury	2700 Edmondson Av

45649

VS-A15

Dr. Gaffell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17928

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 15 yr. 5 mths. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1624 N. Durham Street

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) (Last) BAST, Sr.

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days 15 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dye setter

10b. KIND OF BUSINESS OR INDUSTRY: tin industry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Best

14. MOTHER'S MAIDEN NAME: Dora Waneg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

9?2 (b) Diffuse myocardial fibrosis

(c) Coronary atherio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1935, to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel C Gordon, M.D. ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. DATE SIGNED: 8/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 8/31/50 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/31/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: HENRY SAUER & SONS, INC. BALTO., 13, MD. ADDRESS: Henry H. Sauer

474V3

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07929

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8304 Harford Road (2nd floor)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Wayne (Last) Bamboy

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1950

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1/2/1848
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Shoe machinery
11. BIRTHPLACE (State or foreign country) Harleton, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas J. Bamboy
14. MOTHER'S MAIDEN NAME Flavia Wayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 204-10-3332
17. INFORMANT 8304 Harford Rd. Mrs. Margaret Bamboy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Cerebral hemorrage.	July 19, 1950
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular fibrillation	March 1948
	(c) Hypertensive arteriosclerotic C.V.D. + decomp. -	March 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Aug 28, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE Caridad E. Gonzalez, M.D. (Degree or title) ADDRESS 8304 Harford Road. Balto (14) DATE SIGNED Maryland.

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE 8/29/50 NAME OF CEMETERY OR CREMATORY Northwood Cem. LOCATION (City, town, or county) Germantown, Pa. (State)

DATE REC'D BY LOCAL REG. 8/29/50 REGISTRAR'S SIGNATURE A.W. Hedrick Dep. 24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD. ADDRESS Henry Sander

27866

MARYLAND STATE DEPARTMENT OF HEALTH 07930

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 11 mths., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5207 Patrich Henry Drive ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) A. (Last) BEAN
4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 15, 1897
9. AGE last birthday: 53 yrs. If under 1 year: Months. 4 Days 3 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moving Picture operator
10b. KIND OF BUSINESS OR INDUSTRY: Moving picture
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Bean
14. MOTHER'S MAIDEN NAME: Anna Krebs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes ✓ (If year, give war or dates of service): World War I
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Renal failure

446X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephrosclerosis

(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1949, to Aug. 18, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE: Cliff Pollitt Jr. (Degree or title) M.D. ADDRESS: Spring Grove Hosp DATE SIGNED: 8/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 21/50 | NAME OF CEMETERY OR CREMATORY: Mt Carmel | LOCATION (City, town, or county): Balto (State)

DATE REC'D BY LOCAL REG. 8/21/50 | REGISTRAR'S SIGNATURE: J.A.W. Jenkins | 24. FUNERAL DIRECTOR: Ullrich Funeral Home | ADDRESS: 2008 Orleans

JT

156 W

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07931

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto. Md.
STREET ADDRESS (If rural, give location): 319 Marydell Rd Balto 29

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) ROBERTA (Last) BENNANZAR
4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Nov 15, 1906
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? W.S.

13. FATHER'S NAME: Clarence Mulburn
14. MOTHER'S MAIDEN NAME: Roberta Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — 9 1/2 yr

13 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1941, to Aug 10, 1950, that I last saw the deceased alive on Aug 9, 1950, and that death occurred at 4.45 A m., from the causes and on the date stated above.

SIGNATURE: W G Bridges (Degree or title) M.D., Supt. ADDRESS: Eudowood Sanatorium Towson 4, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/14/50
NAME OF CEMETERY OR CREMATORY: Windlown
LOCATION (City, town, or county): Wm Cook Inc per W Bacon Jr. (State): Windlown Md

DATE REC'D BY LOCAL REG.: 8/14/50
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Wm Cook
ADDRESS: 1217 St Paul

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07932

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: 200 Huron Road
COUNTY Balto. (28) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Huron Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 200 Huron Road

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) H. (Last) BISHOP
~~William Harry~~

4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 50 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 17, 1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeping
10b. KIND OF BUSINESS OR INDUSTRY Laundry
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Bishop
14. MOTHER'S MAIDEN NAME Adeline Hochadel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Daughter - Mrs. R. Henry Schulze

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	5 min.
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	
	(c)	-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? ~~Yes~~ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1950, to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 12 05 P. m., from the causes and on the date stated above.

SIGNATURE C. Vernon Williamson M.D. (Degree or title) ADDRESS 4508 Edmondson Village Balto. 29. DATE SIGNED Aug. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 8/17/50
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 8/15/50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTIMORE - 13, MD. ADDRESS Sergt. F. Sander 21088

Evidence for addition in #3 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 127 AUG 8 1950

67933

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C.; STREET ADDRESS (If rural, give location) 1719 Lamont St., N. W.

3. NAME OF DECEASED (Type or Print): (First) RICHARD; (Middle); (Last) (Also Roger Ead) BISHT

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Market

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Palestine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ead Bisht

14. MOTHER'S MAIDEN NAME: Zakiah Marrash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes; (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple pulmonary emboli	unknown
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural thrombi right auricle	unknown
	(c) Hypertension	3 yrs.plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-31-, 19 50, to 8-1-, 19 50, that I last saw the deceased on [illegible] and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE John Greene (Degree or title) M.D.

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 8-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/4/50

NAME OF CEMETERY OR CREMATORY ARLINGTON

LOCATION (City, town, or county) (State) ARLINGTON VA

DATE REC'D BY LOCAL REG. 8/3/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.

Mrs Mildred T. Blight

XVX8V

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07934

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1916 MIDLAND Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
STREET ADDRESS (If rural, give location) 1916 MIDLAND Rd.

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) PRISCILLA (Last) BLASDEL

4. DATE OF DEATH (Month) AUG. (Day) 19 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 30, 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY NONE.

11. BIRTHPLACE (State or foreign country) DEALS IS. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME THOMAS McGRATH

14. MOTHER'S MAIDEN NAME MARY THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT SIDNEY WEBSTER (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) A-S-C-V Disease	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atrophic Arthritis	6 yrs.
	(c)	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV., 1944, to Aug. 19, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 5.50 m., from the causes and on the date stated above.

SIGNATURE W. T. Davis MD (Degree or title) ADDRESS 6800 Mornington Road - Dundalk, Md. DATE SIGNED 8/21/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF AUG. 22, 1950

NAME OF CEMETERY ~~OR CREMATORY~~ OAK LAWN

LOCATION (City, town, or county) (State) DUNDALK, Md.

DATE REC'D BY LOCAL REG. Aug 21-1950

REGISTRAR'S SIGNATURE William M Kelly Jr.

24. FUNERAL DIRECTOR Walter Brooks Bradley, ADDRESS Dundalk, Md.

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

07935

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2933 Md. ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
STREET ADDRESS (If rural give location) 2933 Maryland ave

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Budriawich (Last) Budris
4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mdw
8. DATE OF BIRTH about 1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY Clothing Mfgr
11. BIRTHPLACE (State or foreign country) Lith.
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-7599
17. INFORMANT Watson Navarras 2933 Md ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute Cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo W Kieffer M.D. Dep. Med. Exam Balto Co
ADDRESS 1010 Leeds ave 5-30 am
DATE SIGNED Aug 25 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 29-1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem
LOCATION (City, town, or county) Belair Rd. Balto. (State) Md

DATE REC'D BY LOCAL REG. 8/28/50
REGISTRAR'S SIGNATURE H W Hedrick
24. FUNERAL DIRECTOR Joseph Kasinskas Inc
ADDRESS 602 Wash. Bl

36006

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

67936

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; CITY OR TOWN: Towson; LENGTH OF STAY (in this place): 9yrs. 8mos. 10days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: MARYLAND; CITY OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): Altamont Hotel ✓

3. NAME OF DECEASED (Type or Print): (First) Amy (Middle) Schuff (Last) Buja

4. DATE OF DEATH: Aug. 10, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 20, 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur C. Schuff

14. MOTHER'S MAIDEN NAME: Ida May Dietrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus, Massive with infarction	30 hrs.
465x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 111a	(b) Pulmonary Embolus, Small and old	72 days
	(c) Thrombosis, left femoral and illiac veins	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1940, to Aug. 10, 1950, that I last saw the deceased alive on Aug. 9, 1950, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry W. Murdock M. D. Sheppard-Pratt Hospital, Towson 4, Md. 8/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: aug 10-50 | NAME OF CEMETERY OR CREMATORY: Louisville | LOCATION (City, town, or county) (State): Kentucky

DATE REC'D BY LOCAL REG.: 8/10/50 | REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR ADDRESS: John T. Mitchell & Sons 1900 Eutaw Pl. XVX99

RECEIVED
AUG 14 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17937

Reg. Dist. No. 35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MARYLAND LINE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MARYLAND LINE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JENNIE	A.	BURNS	8	22	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE		9-18-1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	OWN HOME	YORK CO. PENNA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH BARSHINGER	ANNIE STERNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		R. Webster Burns - Stewartstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 mo.
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arteria - Sclerosis	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 19 48, to Aug 22, 19 50, that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 11 [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C. Fulton	Stewartstown Pa	8-24-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-24-50	FAWN GROVE	FAWN GROVE, YORK CO., PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 23/50	Chester L. Fulton	Kenneth W. Osburn	Stewartstown Pa.

RECEIVED
SEP 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 07932

1. PLACE OF DEATH:

County: Baltimore

City or town: Lansdowne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 113 Third Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Lansdowne

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 113 Third Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Jessie Ellen Card

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Harry F. Card

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1886

8. AGE: Years	Months	Days	If less than one day
63	9	1	hrs. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Own Home

FATHER — 12. Name: Gibson

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: Unknown

16. Informant: Harry Card, (Son)

Address: 113 Third Ave. Lansdowne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/4/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Balto. 29, Md.

18. Funeral director: Harry A. Little

Address: 4101 Edmondson Ave.

19. 8/3 1950 (Date rec'd by registrar) A. W. Hedrick JT Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 1/50 19 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1950 to August 1 1950 and that I last saw her alive on July 31 1950

Immediate cause of death	DURATION
Chronic Pulmonary Edema	4 weeks
Due to: Arteriosclerotic Heart Disease	?
Due to: 4/20.0	
93d	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Nathan Raemin M.D. M. D. or other

Address: 206 S. Gilmor St. Date signed 8.2.50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07939

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 9 yrs. 8 mths.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 403 N. Greene Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Cascio (Last)			4. DATE OF DEATH (Month) Aug. 18, (Day) 1950 (Year) 19		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH June 20, 1907	9. AGE last birthday 43 yrs.	If under 1 year Months 1 Days 29 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Salvatore Cascio			14. MOTHER'S MAIDEN NAME Grace Liberto		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7 Immediate cause (a) Cerebral hemorrhage

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Fracture of skull.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital — (CITY OR TOWN) Catonsville (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) Aug (Day) 18 (Year) 1950 (Hour) 8-30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Mopping floor in toilet, slipped hitting head on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. W. Kieffer MD (Degree or title) Deep Med Eastern Balto Co. ADDRESS 1010 Leeds Ave DATE SIGNED Aug 19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/21/50	NAME OF CEMETERY OR CREMATORY Wm Cathedral	LOCATION (City, town, or county) Baltimore Md	(State)
DATE REC'D BY LOCAL REG. 8-21-50	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Wm Cook Inc	ADDRESS 1217 St Paul St	

XVX99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17940

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sparks
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Bottom Rd #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sparks
STREET ADDRESS (If rural give location) Quaker Bottom Road #2

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Causion

4. DATE OF DEATH (Month) August (Day) 7 (Year) 1950

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 15 June 1874 | 9. AGE last birthday 76 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm laborer
11. BIRTHPLACE (State or foreign country) Sparks Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Causion
14. MOTHER'S MAIDEN NAME Sally Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Carrie A. Causion

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1964 Immediate cause (a) Cancer of bone (Left leg 1° site) — Interval between onset and death: 5 years

558 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1945
19b. MAJOR FINDINGS OF OPERATION Cancer of bone (Operated at Johns Hopkins)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to August, 1950, that I last saw the deceased alive on 7 August, 1950, and that death occurred at 4:05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kerr	M.D.	Cockeysville, Md.	7 August 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-10-50	Stevenson AME	Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 8-1950	Wm. J. Chilcoat	Landon M. Brooks	Sparks, Md.

RECEIVED
AUG 10 1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07941

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 859 W. Lombard Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	(NMI)	CHREPONUK	August 13 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	10-2-92	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipyard Employee		Russia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Chrepomuk	Mary (Maiden name - unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331K
83a

Immediate cause (a) CEREBRAL HEMORRHAGE, RIGHT WITH RUPTURE INTO VENTRICULAR SYSTEM — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 9, 19 50, to Aug. 13, 19 50 [redacted] and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving Freeman Acting			
IRVING FREEMAN, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND			8-14-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/16/50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 15, 1950	A. W. Hedrick V	Wm. Cook INC., St. Paul & Preston Streets
	A.S.	Baltimore, Maryland

4 4 44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017942

Reg. Dist. No. 7-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4, Maryland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 902 E north ave

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) MICHEAL (Last) COAKLEY

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: aug 9 1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer-retired

10b. KIND OF BUSINESS OR INDUSTRY: for Balto City

11. BIRTHPLACE (State or foreign country): Baltimore md

12. CITIZEN OF WHAT COUNTRY?: us

13. FATHER'S NAME: Andrew Coakley

14. MOTHER'S MAIDEN NAME: Joanna Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

.002x — **Immediate cause** (a) Pulmonary tuberculosis

13b — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) since 1939

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1948, to aug 12, 1950, that I last saw the deceased alive on aug 12, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE: W A Bridges — (Degree or title) M.D., Supt. — ADDRESS: Eudowood Sanatorium, Towson 4, Md. — DATE SIGNED: 8-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-16-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): City

DATE REC'D BY LOCAL REG. 8/14/50 — REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Hudelson & Son — ADDRESS: 10898 Greenmount Ave 3522

Dan

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07943 32

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklandville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Julie

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklandville
STREET ADDRESS (If rural, give location): Valley Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNA COLEMAN (SISTER RAPHAEL)
4. DATE OF DEATH (Month) (Day) (Year): Aug. 8 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-27-1881
9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. X. Coleman
14. MOTHER'S MAIDEN NAME: Mary Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Cancer (Left Breast) — INTERVAL BETWEEN ONSET AND DEATH: 7 Mos

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Cancer of breast.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Aug, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at Aug 8-3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold H Burns
ADDRESS: 529 N. Charles St. Baltimore
DATE SIGNED: 8/9/50 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8-10-50
NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
LOCATION (City, town, or county): Ilchester (State): Md.

DATE REC'D BY LOCAL REG.: 8/20/50
REGISTRAR'S SIGNATURE: Dr E E Nichols
24. FUNERAL DIRECTOR: George A Forley
ADDRESS: Catonsville, Md.

V6891

RECEIVED
AUG 22 1950
BUREAU V. S

CERTIFICATE OF DEATH

Registered No. 38 07944

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie A. Constadt

2. DATE OF DEATH: Aug. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 Stonleigh Road
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 500 Stonleigh Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 25, 1894
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. F. Assau
14. MOTHER'S MAIDEN NAME: Anna Lange

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Dr. Hans W. Constadt — ADDRESS: 500 Stonleigh Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mesentery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

DUE TO (with extravasation Hemorrhage)

570.2 ANTECEDENT CAUSES

(B) Patient confined to bed because

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Trauma from Auto acct. 2 1/2 wks prior.

170C

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): July 23, 1950 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Auto went over on shoulder of road non-collision. (8/22/50 a.s.)

22. *I hereby certify that I attended the deceased from* Aug 1, 19 50, *to* Aug 9, 19 50, *that I last saw the deceased alive on* Aug 9, 19 50 *and that death occurred at* 10.15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis Krause M. D.
23B. ADDRESS: 11 E Chase St.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/12/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 8/11/50
REGISTRAR'S SIGNATURE: A W Heduck
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto Md

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clear and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07945

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 904 McCulloh St.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) M (Last) CONYER

4. DATE OF DEATH (Month) August (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/19/1886
9. AGE fast birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Graysonville,Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Conyer
14. MOTHER'S MAIDEN NAME Mary E.Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X Immediate cause (a) Carcinoma of the liver primary — INTERVAL BETWEEN ONSET AND DEATH: unknown

46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer, benign — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-13-, 1950, to 8-20-, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 4:40Am., from the causes and on the date stated above.

SIGNATURE I. Freeman (Degree or title) ADDRESS DATE SIGNED

I.FREEMAN, M.D. ACT. CHIEF, MEDICAL SERVICE VAH FT. HOWARD, MD. 8-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/50
NAME OF CEMETERY OR CREMATORY Balto.National Cemetery
LOCATION (City, town, or county) (State) Baltimore,Md.

DATE REC'D BY LOCAL REG. 8/22/50
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS George H.Holland,1631 Druid Hill Ave.

JI

42099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07946

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard	LENGTH OF STAY (in this place) 74 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 805 N. Gilmore Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL		CRAIG	August	1,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	8-15-[illegible] 1899	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Kansas Berry & Co.	Woodville, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abon Craig	Liza (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I	216-03-2205	Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, THYMUS	1 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

195X
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

VA

22. I hereby certify that I attended the deceased from 5-19-, 1950, to 8-1-, 1950, ~~that I last saw the deceased~~ alive on ~~and that~~ death occurred at 6:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
PAUL PADGET, M.D. Paul Padget	Chief Med. Service	VAH, Ft.Howard, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial		Baltimore National Cem	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/50	A.W. Hedrick	Kelson Funeral Home,	Baltimore, Md.

74099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07947

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hyde COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) (Last) Day Jr

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8/10/50
9. AGE last birthday — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 21 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Day Virginia
14. MOTHER'S MAIDEN NAME Rosalie Jefferies Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Isaac Day - Hyde Balto Co Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Malformation of the Heart

754.4 Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 21 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1950, to 8/11, 1950, that I last saw the deceased alive on 8/10, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md. DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/11/50
NAME OF CEMETERY OR CREMATORY Mt Zion Cem
LOCATION (City, town, or county) Longgreen - Balto Co Md (State)

DATE REC'D BY LOCAL REG. 8/11/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lewis U. Lylehart ADDRESS 3604 Echodale Ave City

1-0-8-10-0-25-4-45-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

017948

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 80 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 23
STREET ADDRESS (If rural, give location): 2124 N. Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (NMI) (Last) DOUTIN, JR.

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10-31-08

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Hotel.

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Doutin

14. MOTHER'S MAIDEN NAME: Sophie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 219-03-4848

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0027 **Immediate cause** (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED, ACTIVE — Interval between onset and death: Unknown

136 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 16, 1950, to Aug. 4, 1950, [illegible] and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) — ADDRESS: PAUL PADGET, M.D., Chief, Medical Ser. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/10/50

NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park, Inc.

LOCATION (City, town, or county) (State): 1744 W.North Ave.,Baltimore Md.

DATE REC'D BY LOCAL REG.: 8/7/50

REGISTRAR'S SIGNATURE: G W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Mrs. Lottie Gross, 1408 Ashland Ave., Baltimore, Maryland

75087

07949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ebenezer Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural give location) Ebenezer Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) DRAAYER [redacted]

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1950

5. SEX: M — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower — 8. DATE OF BIRTH: Aug. 2, 1880 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck farmer-owner
10b. KIND OF BUSINESS OR INDUSTRY: 8/2/80
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harmon Draayer
14. MOTHER'S MAIDEN NAME: Theresa Eurice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mr. Harmon Draayer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: —

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A-S-Cardio-Vascular Dis. — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED 8/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/21/50 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) Balto City — (State) Md

DATE REC'D BY LOCAL REG. 8/18/50 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 4401 Belair Rd

000VV

MARYLAND STATE DEPARTMENT OF HEALTH

07950

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 20 | LENGTH OF STAY (In this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 15. Bx 198. Long Beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Dwyer
4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: May 3-1893
9. AGE last birthday: 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Annie May Adams.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Agnes Huber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
420 4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W M Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 md 8/31/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 2-1950 | NAME OF CEMETERY OR CREMATORY Ebenezer Cem | LOCATION (City, town, or county) Balto Co. | (State) Md

DATE REC'D BY LOCAL REG. September 2, 1950. | REGISTRAR'S SIGNATURE Edith Hurley | 24. FUNERAL DIRECTOR John F. Connelly | ADDRESS 418 Eastern Ave Balto 21, Md

866 VV

RECEIVED
SEP 4 1950
BUREAU V. M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17951

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 Dunleer Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3000 Dunleer Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) M. (Last) Duffy
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 16, 1886
9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Surveyer
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country): South America
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Duffy
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Amy E. Duffy 3000 Dunleer Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 30 min.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive, Cardio-Vascular
(c) Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cancer of Urinary Bladden — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Multiple Cystoscopic Examinations & Treatment
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1945, to Aug. 4, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 2:42 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W B Davis MD — 6800 Monument Blvd - Dundalk, Md. 8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 7, 1950 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park | LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: August 6, 1950 | REGISTRAR'S SIGNATURE: Wm. M. Kelly Jr. | 24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. | ADDRESS

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 67952

BC

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 mo

Hospital, institution, or street address where death occurred: Paradise Nursing Home

How long in hospital or institution? 10 mo

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: —

City or town: Baltimore City (If outside city or town limits, write RURAL and give nearest town)

Street No. 5317 Wendley Road (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Melzar W. Dunbar

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 23. 1864

8. AGE: Years 86 | Months 5 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Hampton N. H. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired farm owner

FATHER
12. Name: John Dunbar
13. Birthplace: N. H.

MOTHER
14. Maiden name: Sylvia ?
15. Birthplace: N. H.

16. Informant: Lemuel C. Dunbar

Address: 2 Mallow Hill Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 14 - 1950 (month) (day) (year)

Cemetery or crematory: Meadowridge Memorial Park

Location: Jessups. Md.

18. Funeral director: Mr. Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave.

19. August 12 1950 (Date rec'd by registrar) R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 1950, at 2 15 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 9 1950, to August 11 1950 and that I last saw him alive on August 9 1950

Immediate cause of death: Pneumonia, Terminal hypostatic. — DURATION: 3 days

Due to: Arteriosclerosis, generalized, severe — Unknown

Due to: 450.0

Other conditions: Senility — Unknown

450.0 97 (Include pregnancy within 8 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Lee Magnes MD (M. D. or other)

Address: Catonsville, Md. Date signed: 8-11-50

07953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH· COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belair Rd. near Joppa Road	STREET ADDRESS (If rural give location): Belair Rd. near Joppa Road

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) E.	(Last) DUNN	4. DATE OF DEATH	(Month) August (Day) 10th (Year) 1950
5. SEX: male Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Jan. 30, 1883	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad signalman	10b. KIND OF BUSINESS OR INDUSTRY: Pa. R.R. (retired)	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William H. Dunn		14. MOTHER'S MAIDEN NAME: Georgia E. Duncan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Wm. H. Dunn, Belair Rd. & Joppa Rd.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Portal Cirrhosis of liver	6 mos.
581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
124b	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-6, 1950, to 8-10, 1950, that I last saw the deceased alive on 8-8, 1950, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert C Herrmann	MD.	2921 E. Federal St.	8-11-50.

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: Aug. 14, 1950	NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: 8-11-50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd.

46247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 504 North Ellwood Avenue

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) M. ERDMAN (Also Erdmann) (Last)

4. DATE OF DEATH (Month) August (Day) 31 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 2-7-94

9. AGE last birthday 56 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Worker

10b. KIND OF BUSINESS OR INDUSTRY Balto. Chevrolet Co

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John G. Erdman

14. MOTHER'S MAIDEN NAME Catherine Erdman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-10-4460

17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
602 X Immediate cause	(a) PERITONITIS, GENERAL	4 days
B4a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) STAGHORN CALCULUS LEFT KIDNEY	30 years+
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 29, 1950, to Aug. 31, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 10:36 P.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MARYLAND 9-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-5-50

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-4-50

REGISTRAR'S SIGNATURE J. W. Hedrick

24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans Street Baltimore, Md.

M.R.G.

49639

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07955

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8108 LONG POIN RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 8108 LONG POINT RD.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HILDA MARIE ERICKSON

4. DATE OF DEATH (Month) (Day) (Year) AUG. 29 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH JULY 6, 1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) FINLAND
12. CITIZEN OF WHAT COUNTRY? FINLAND

13. FATHER'S NAME GUSTI VILPO
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS WILLIAM ERICKSON 8108 LONG POINT RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Nephritis	5 yrs
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic & Hypertensive Cardio-Vascular Disease	10 yrs.
61	(c) Diabetus Mellitus	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to Aug., 1950, that I last saw the deceased alive on Aug. 29, 1950, and that death occurred at 923A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Davis MD 6800 Mornington Road - Dundalk - 22 Md 8/31/50.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 1, 1950
NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.
LOCATION (City, town, or county) BALTO. CO. (State) MD

DATE REC'D BY LOCAL REG. 8/31/50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07956

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 126 North Belnord Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) ESLINGER

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-1-75

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fire Fighter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Castle, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Eslinger

14. MOTHER'S MAIDEN NAME: Tina Uving

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GENERALIZED ARTERIOSCLEROSIS WITH SEVERE ENCEPHALOMALACIA	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOLAR NEPHROSCLEROSIS	Unknown
	(c)	

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131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to Aug. 13, 1950, that I last saw the deceased [illegible] and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE: H. C. MANAUGH, M. D.
(Degree or title): CHIEF, PROFESSIONAL SERVICES
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 8-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: AUG 16 1950

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 8/15/50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Martin W. E. Dippel

ADDRESS: 37 S. Ann Street Baltimore, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07957

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 7 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 3408 Juneway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUCILLE	L.	FIFER	Aug.	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	8/21/17	32 yrs.	11	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila., Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vincent Baudo
14. MOTHER'S MAIDEN NAME: Josephine Urso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS: Mrs. Lucille L. Fifer 3408 Juneway Balto. 13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/5, 1949, to 8/1, 1950 that I last saw the deceased alive on 8/1, 1950, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer. (Degree or title) M.D. ADDRESS: Mt.Wilson, Md. DATE SIGNED: 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/4/50	Parkwood Cemetery	Parkville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/1/50	Helen R. Mayer	Wm.Cook,Inc.	St.Paul & Preston Sts. Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1333½ N. Gilmore St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM FISCHER, JR.

4. DATE OF DEATH (Month) (Day) (Year) August 26 1950

5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-17-09
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning Co.
11. BIRTHPLACE (State or foreign country) Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Fischer, Sr.
14. MOTHER'S MAIDEN NAME Eva Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 218-01-9310
17. INFORMANT AND ADDRESS Clin.Rec. Vets. Adm. Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	4 day plus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Endocarditis of mitral valve with perforation	unknown
	(c)	

410x
92b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Aug. 4, 1950, to Aug. 26, 1950, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE George Lerner (Degree or title) ADDRESS DATE SIGNED
GEORGE LERNER, M.D. VETERANS ADMINISTRATION FORT HOWARD, MD. 8-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/30/50
NAME OF CEMETERY OR CREMATORY Balto.National Cemetery
LOCATION (City, town, or county) (State) Balto.Md.

DATE REC'D BY LOCAL REG. 8/29/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR ADDRESS Chas.R. Law, 802 Madison Ave.Balto.Md.

496X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07959

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Yr.

Hospital, Institution, or street address where death occurred: 1323 Poplar Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

Street No. 1323 Poplar Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Myrtle C. Galloway

3.(b) Social Security Number: 212-052035

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Howard L. Galloway

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 23, 1905

8. AGE: Years	Months	Days	If less than one day
45	4	9	..... hrs. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Hecht Brothers Dept. Store

FATHER — 12. Name: George Beyer

FATHER — 13. Birthplace: Baltimore

MOTHER — 14. Maiden name: Florence Keyser

MOTHER — 15. Birthplace: Baltimore

16. Informant: Howard L. Galloway, jr.

Address: 1323 Poplar Ave. Arbutus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 5. 1950 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Baltimore

18. Funeral director: Frederick A. Dole

Address: 1913 W. Baltimore St.

19. 8/4/50 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 2, 19 50, at ..... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 13 October 19 49, to 2 Aug 19 50

and that I last saw h[illegible] alive on 31 July 19 50

Immediate cause of death	DURATION
Melanosarcoma	
within spinal canal	24?
Due to 193 X	
Due to 55	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Melanosarcoma

Date of op. 2 Sept 1949

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Arthur G. Schwinske M. D. or other

Address: 15 E. Biddle St. Date signed: 4 Aug 50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County .....

City or Town .....
(If outside city or town limits, write RURAL and give nearest town)

Was long in above place at death? .....

Hospital, Institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ..... County .....

City or Town .....
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) ..... 6.(c) If alive, give age ..... years

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace .....
(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name .....

13. Birthplace .....

14. Maiden name .....

15. Birthplace .....

16. Informant .....

Address .....

17. Burial, cremation, or removal. Which? ..... Date thereof ..... (month) (day) (year)

Cemetery or crematory .....

Location .....

18. Funeral director .....

Address .....

19. ..... (Date received by Registrar) 19 .....

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ..... 19 .....

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death .....

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy? ..... Date of op.

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of injury

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE .....

M. D. or other

Address ..... Date signed

Please write plainly. Important. Physicians: Please report all deaths promptly by telephone. Dial 0 and ask for operator.

MARYLAND STATE DEPARTMENT OF HEALTH

DEATHS WITHIN CITY LIMITS. SUPPLY ALL INFORMATION REQUESTED AS FAR AS POSSIBLE

07960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place): 11 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium	STREET ADDRESS (If rural, give location): Cordova Apartments ✓

3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) E.	(Last) Gans	4. DATE OF DEATH	(Month) Aug. 3 (Day) (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: June 22, 1888	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Samuel Gans		14. MOTHER'S MAIDEN NAME: Betty Bass			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Sister: Mrs. Rose Price-Cordova Apts. Baltimore, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Stiffness of muscles- deglutition with resultant marked malnutrition	6 wks.
350X Antecedent cause(s)		
87c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinsonian syndrome	15-20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1939, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lewis P. Tundy	M.D.	Relay, 27, Md.	Aug. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 6, 1950	Hebrew Friendship	Phila Rd	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/50	A W Hedrich dm	David Sondheim Son	1903 Eulaw Place

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V3491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

67961

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: Balto ~~City~~ Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.	STREET ADDRESS (If rural, give location): 38 South Curley St. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A (Last) Gardner			4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1950		
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 12-26-1870	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine oiler	10b. KIND OF BUSINESS OR INDUSTRY: American Can Co.		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Gardner			14. MOTHER'S MAIDEN NAME: Olivia Bean		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none		17. INFORMANT AND ADDRESS: 38 S. Curley St Mrs. Margaret Gardner		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420 m Immediate cause (a) Arteriosclerotic heart disease

Antecedent cause(s)

93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Senile psychosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 7, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 7:5p m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Sara E. Bennett, M.D	Spring Grove State Hosp.	8/10/50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 8/14/50	NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 8/14/50	REGISTRAR'S SIGNATURE: H.W. Hedrick	24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTIMORE - 13, MD.	ADDRESS: Henry E. Sander

484 3V

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17982

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 10 S. Fremont St ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) S. (Last) Geddes

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: April 30 - 1869 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office work | 10b. KIND OF BUSINESS OR INDUSTRY: Laundry office | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Geddes | 14. MOTHER'S MAIDEN NAME: Mary C Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X **Immediate cause** (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 18 Months

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Aug 25, 1950, that I last saw the deceased alive on Aug 25, 1950, and that death occurred at 5-45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wilbur F Skillman M.D. | 6 E. Biddle St | 8/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 8-29-50 | NAME OF CEMETERY OR CREMATORY: Loudon Pk | LOCATION (City, town, or county): Baltimore | (State) Md

DATE REC'D BY LOCAL REG. 8-28-50 | REGISTRAR'S SIGNATURE: Laura M. Schroeder | 24. FUNERAL DIRECTOR: Geo. Cook, St Paul & Preston St | ADDRESS

8-28-50

26688

RECEIVED
AUG 29 1950
BUREAU T. S

FILM NO. G 127 SEP 7 1950

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. Evidence State of Maryland

1. NAME OF DECEASED (Type or Print): MAURICE M. GENTILE

2. DATE OF DEATH: AUGUST 31-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 S. PROSPECT AVE
C. Length of stay in Baltimore: 38 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CATONSVILLE
D. STREET ADDRESS (If rural, give location): 5 S. PROSPECT AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: JAN. 4-1912
9. AGE (In years last birthday): 38
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSER
10B. KIND OF BUSINESS OR INDUSTRY: TAILORING MEN'S CLOTHING
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ETTORE GENTILE
14. MOTHER'S MAIDEN NAME: BAVOTA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-01-4007
17. INFORMANT: MRS. MAURICE GENTILE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

query

(A) Rheumatic Heart disease

DUE TO

416x
95b

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic fever not present or active at time of death (9/7/50 akc)

DUE TO

(C) (Film G 127 9-7-50)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* 8-31-50, 19__, *that I last saw the deceased alive on* 2-24-50, 19__, *and that death occurred at* 5 45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2203 Edmondson
23C. DATE SIGNED: 8/31/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: SEPT-4-1950
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county): BALTIMORE MD (State)

DATE RECEIVED BY LOCAL REGISTRAR: AUG 31 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: 634 N. Augusta Ave. (29)

VS 150
9-5-50
A. W. Hedrick
6904G
49606

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07964

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge | LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge,
STREET ADDRESS (If rural give location) 73 Murdock Rd.

3. NAME OF DECEASED (Type or Print): (First) Adolf (Middle) (None) (Last) Halberstadt
4. DATE OF DEATH: (Month) AUG. (Day) 16. (Year) 19 50

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 10, 1877
9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Germany,
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick Halberstadt,
14. MOTHER'S MAIDEN NAME: Julia Rosenthal,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-12-8693
17. INFORMANT: Mrs. A. Halberstadt, 73 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141X Immediate cause (a) Carcinoma of the tongue — Interval Between Onset and Death: 15 months

45b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1950
19b. MAJOR FINDINGS OF OPERATION: Cancer of tongue
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Aug., 1950, to Aug. 16., 1950, that I last saw the deceased alive on 16 Aug, 1950, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul H Royse MD — M.D. — Pikesville 8 Md — 16 Aug 50

23. BURIAL, CREMATION REMOVAL, (Specify): burial | DATE: Aug. 19, 1950 | NAME OF CEMETERY OR CREMATORY: Holy Cross Cem. | LOCATION (City, town, or county) (State): Brooklyn, A.A.Co.Md.

DATE REC'D BY LOCAL REG. 8/17/50 | REGISTRAR'S SIGNATURE: A.W. Kedrick | 24. FUNERAL DIRECTOR: Herman Lemmon ADDRESS: 4611 Park Heights Ave. Baltimore, Md.

Dm

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

67965

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 120 S. Fulton Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) ROWLEY (Middle) H. (Last) HAYNES

4. DATE OF DEATH: (Month) August (Day) 29, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-10-1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Pittsvania, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rison Haynes

14. MOTHER'S MAIDEN NAME: Willie Merricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: 237-14-9001

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 x **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 Days

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 27, 1950 to August 29, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman — (Degree or title) IRVING FREEMAN, M. D. Act. Chief Med. Ser. — ADDRESS VAH, Ft. Howard, Md. — DATE SIGNED 8-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 8/29/50 — NAME OF CEMETERY OR CREMATORY: Dawson — LOCATION (City, town, or county) (State): Gretna, Virginia.

DATE REC'D BY LOCAL REG.: AUG 29 1950 — REGISTRAR'S SIGNATURE: Washington Williams, M.D.

24. FUNERAL DIRECTOR: Blight Funeral Home — ADDRESS: 6009 Harford Rd., Balto Md.

Shipped to: Ollie Colbert Funeral Home, Gretna, Va.

340 VA

RECEIVED
AUG 31 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07966

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKTON - RURAL
LENGTH OF STAY (in this place): 79 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKTON RURAL
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELENORA BARBARA HERSEY
4. DATE OF DEATH (Month) (Day) (Year): Aug 1 1950
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MARCH 9-1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE Co MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH WINEMILLER
14. MOTHER'S MAIDEN NAME: SOPHIA BOWMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: J. FOSTER HERSEY, PARKTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 hrs.

420.1 Antecedent cause(s)

9.4a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artein-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Aug. 1, 1950, that I last saw the deceased alive on 8/1/50, 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: A. M. France — (Degree or title): M.D. — ADDRESS: Parkton Md. — DATE SIGNED: 8/2/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Aug 5-1950 — NAME OF CEMETERY OR CREMATORY: PINE GROVE — LOCATION (City, town, or county): PARKTON — (State): MD

DATE REC'D BY LOCAL REG.: Aug. 3 1950 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: Howard S Markline — ADDRESS: White Hall. Md

RECEIVED
AUG 7 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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T

MARYLAND STATE DEPARTMENT OF HEALTH

07967

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (In this place) all life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1929 Snyder ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Marvin (Last) Hibbard
4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1950

5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Jan 14/1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Soap Factory
11. BIRTHPLACE (State or foreign country) CLARK CO. VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES HAY HIBBARD
14. MOTHER'S MAIDEN NAME ELLA DRUSCILLA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-10-3462
17. INFORMANT Mrs. Esther May Hibbard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Bladder — over 5 yrs.

181X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — 15 mos.

52

(c) Heart Failure — 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md. 8/24/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/26/50
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. August 26 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR ADDRESS Wm Cook Ind 1214 St Paul St

98817

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07968

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH· COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 207 Camel Street ✓

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) (NMI)	(Last) HOOD	4. DATE OF DEATH	(Month) August (Day) 13 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 9-26-85	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter	10b. KIND OF BUSINESS OR INDUSTRY: Ship	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Edward Hood	14. MOTHER'S MAIDEN NAME: Celia Beecher				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) PULMONARY HEMORRHAGE	Sudden
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PULMONARY TUBERCULOSIS WITH CAVITATION	10 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 17, 1950, to Aug. 13, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 1:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget			
PAUL PADGET, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland			8-14-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-17-50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/50		W. B. SPRIGGS, 139 W. Hamburg	
		Adolphus Halstead 918 Druid Hill Avenue	Baltimore, Maryland

280 51

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8543 Water Oak Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Roanoke
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem
STREET ADDRESS (If rural, give location) 705 College Ave

3. NAME OF DECEASED (Type or Print) (First) Amon (Middle) Lala (Last) Hylton

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1950

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH 12-9-1908

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress

10b. KIND OF BUSINESS OR INDUSTRY Laundry & Cleaners

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amon Hylton

14. MOTHER'S MAIDEN NAME Lala Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 225-10-8498

17. INFORMANT AND ADDRESS Mrs. C.C. Yopp, 8543 Water Oak Towson 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Neurogenic Sarcoma

193X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1950, to 8/5, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE Gordon Grow MD (Degree or title) ADDRESS 8523 Jack Raven Blvd DATE SIGNED Towson 4 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 8, 1950

NAME OF CEMETERY OR CREMATORY Clynmalira

LOCATION (City, town, or county) (State) Monkton, Maryland

DATE REC'D BY LOCAL REG. 8/10/50

REGISTRAR'S SIGNATURE A. M. Bacon

24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md ADDRESS

49688

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07970

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: Balto. Co
COUNTY Hyde Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park
STREET ADDRESS (If rural give location) Cedar Ave

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) J. (Last) James

4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/12/1950
9. AGE last birthday yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hyde Park
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jefferson James
14. MOTHER'S MAIDEN NAME Nettie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Nettie James Cedar Ave Hyde Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

4924 Immediate cause (a) Pneumonitis — 2 days

109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M B Davis M D Dep Med. Exam. - Dundalk - 22 - Md 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/11/50
NAME OF CEMETERY OR CREMATORY Steven Cem.
LOCATION (City, town, or county) (State) Essex Md

DATE REC'D BY LOCAL REG. 8/8/50
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson 1000 Beautty ave ADDRESS

4-0 4-12-0-30-3-99-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 42

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Franklin M. Jeffers

2. DATE OF DEATH: Aug-14-1950

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland Balt County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 133 Arion Park Ave Oaklee Village
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 133 Arion Park Ave Oaklee Vill

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 25/1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: B+O.R.R.
11. BIRTHPLACE (State or foreign country): Baltimore - Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph. M. Jeffers
14. MOTHER'S MAIDEN NAME: Jennie Woodall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alice J. Jeffers. ADDRESS: Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac failure
DUE TO
(B) Cardio vascular disease
DUE TO
(C)

422.1
93d

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1950, *to* Aug 14, 1950, *that I last saw the deceased alive on* July 14, 1950 *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Geo Wm Kieffer M. D.
23B. ADDRESS: 7470 Wash. Blvd
23C. DATE SIGNED: Aug 16 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: Aug. 18/1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: Aug 16. 50
REGISTRAR'S SIGNATURE: Geo Wm Kieffer Md
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: 1300 Eutaw Pl 49647

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

FILM No. G 1 28 SEP 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07972

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Sta. LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Fleming drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
STREET ADDRESS (If rural, give location) 114 Fleming drive

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) W. (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10-2-1875
9. AGE last birthday 74 ~~76~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Roxboro N C
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Daniel Johnson
14. MOTHER'S MAIDEN NAME Celia Vannock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Clayborn Johnson 103 Alvon Beach Turner Station

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, hypostatic	July 1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	to
	(c) Senility	Aug 28

450.0
97

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Aug 28, 1950, that I last saw the deceased alive on Aug 25, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above. 8-28-50

SIGNATURE Arthur L. Johnson (Degree or title) ADDRESS 423 New Pittsburgh Pa DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Shipped
DATE THEREOF 8-29-1950
NAME OF CEMETERY OR CREMATORY Roxboro
LOCATION (City, town, or county) N. Carolina (State) N.C.
DATE REC'D BY LOCAL REG. 8/29/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Rayner Sanders 1412 ADDRESS E. Preston

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07973

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Leewood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 107 Leewood Ave

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Kearney

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 1950

5. SEX Fe Cole

6. COLOR OR RACE Colors

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1879

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Holloway

14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Henry Holloway 107 Leewood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. W. Kieffer McLe Def Med Exam Balto Co 1010 Leeds Ave Aug 20 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/24/50

NAME OF CEMETERY OR CREMATORY Arbutus

LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REG. 8/22/50

REGISTRAR'S SIGNATURE A. W. Hedrick JT

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Pressman St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1.7974

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY BALTIMORE. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARRISONVILLE. | LENGTH OF STAY (in this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yeinger's Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 4217 EUCLID - AVE. ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A. (Last) KEEN.

4. DATE OF DEATH (Month) August (Day) 16 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married. | 8. DATE OF BIRTH Jan. 19-1868 | 9. AGE last birthday 82 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Inspector. | 10b. KIND OF BUSINESS OR INDUSTRY Balto. City. | 11. BIRTHPLACE (State or foreign country) MARYLAND. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SAMUEL - KEEN. | 14. MOTHER'S MAIDEN NAME KAZIA - KNIGHT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. NONE. | 17. INFORMANT Mrs. John F. Roth Jr. - 4217 Euclid-Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

230 X Immediate cause (a) Intestinal Obstruction — Interval Between Onset and Death: 4 days

57 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable tumor

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 8/16/, 1950, that I last saw the deceased alive on 8/16/, 1950, and that death occurred at 10.10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial. | DATE THEREOF Aug. 19-1950 | NAME OF CEMETERY OR CREMATORY WESTERN-Cemetery. | LOCATION (City, town, or county) (State) Baltimore - Md.

DATE REC'D BY LOCAL REG. 8/19/50 | REGISTRAR'S SIGNATURE Wm E. Martin | 24. FUNERAL DIRECTOR ADDRESS Charles J. Schaab. 3512-Frederick - Ave.

108-98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07975

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural); LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural); STREET ADDRESS (If rural, give location) Jarrettsville Rd

3. NAME OF DECEASED (Type or Print): (First) Victorine; (Middle) W.; (Last) Kelley

4. DATE OF DEATH: (Month) Aug; (Day) 26; (Year) 1950

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 22, 1855

9. AGE last birthday: 94 + yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Guthrie

14. MOTHER'S MAIDEN NAME: Eliz. Ann Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Douglas H. Lee Phoenix Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
332x	Immediate cause	(a) Cerebral Thrombosis	20 hrs.
83b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	15 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1937, to August 26, 1950, that I last saw the deceased alive on 8/25, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. ADDRESS: Fork Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 28, 1950	Glynnalina	Monkton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/27/50	Anna Pearce Price	Lander M. Brooks, Sparks	

52086

VS. A15

RECEIVED
AUG 31 1960
BUREAU

07976

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frog Morter Beech

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Md
STREET ADDRESS (If rural, give location) Ritters Lane

3. NAME OF DECEASED (Type or Print) (First) Gilbert (Middle) Allen (Last) Kessler
4. DATE OF DEATH (Month) AUG (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 12 1929
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Butler Bros
11. BIRTHPLACE (State or foreign country) Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles L. Kessler
14. MOTHER'S MAIDEN NAME Goldie Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Catherine M. Kessler Ritters Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 Immediate cause (a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH: TOMM

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Middle River (CITY OR TOWN) NR Middle River (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 20 (Year) 50 (Hour) 4:00 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Jumped from boat - Could not swim

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis MD (Degree or title) Dep. Med. Examiner ADDRESS Dundalk 22 Md DATE SIGNED 8/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 23-50
NAME OF CEMETERY OR CREMATORY Moreland Park
LOCATION (City, town, or county) Taylor Ave Balto. Co. (State)
DATE REC'D BY LOCAL REG. 8/22/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR Rippel Bros. ADDRESS 1800 E. Lombard St

JT

49660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07977 44

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6607 OLD NORTH PT. RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT; STREET ADDRESS (If rural, give location) 6607 OLD NORTH PT. RD.

3. NAME OF DECEASED (Type or Print): (First) JAMES; (Middle) CALEB; (Last) KIMBLE

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: SEPT. 22 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LIEUTENANT

10b. KIND OF BUSINESS OR INDUSTRY: SP. PT. POLICE

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MARY A. KIMBLE 6607 OLD N. PT. RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Insufficiency	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	6 mos.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1950, to Aug. 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James G. Means, M.D. 520 D. St. Sparrows Point Md. 8/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 8/17/50 | NAME OF CEMETERY OR CREMATORY SACRED HEART CEM. | LOCATION (City, town, or county) BALTO. CO. | (State) MD.

DATE REC'D BY LOCAL REG. Aug 16 50 | REGISTRAR'S SIGNATURE Dawson L. Harbin | 24. FUNERAL DIRECTOR ROLAND L. FISHER | ADDRESS DUNDALK MD

60629

RECEIVED
AUG 21 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07978

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
MARYLAND
LENGTH OF STAY (In this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: - 528 Stevenson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
STREET ADDRESS (If rural, give location): 528 Stevenson Lane

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) KNOCH

4. DATE OF DEATH: (Month) Aug (Day) 17, (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1895

9. AGE last birthday: 54 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comptroller

10b. KIND OF BUSINESS OR INDUSTRY: Friez Div. Bendix

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Knoch

14. MOTHER'S MAIDEN NAME: Nena Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World #1

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs. Helen G. Knoch 528 Stevenson Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death:

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1947, to Aug. 16, 1950, that I last saw the deceased alive on Aug. 16, 1950, and that death occurred at 5.45 P.m., from the causes and on the date stated above.

SIGNATURE: Howard M. Roberts (Degree or title) ADDRESS: 821 Medical Arts Bldg. DATE SIGNED: Aug. 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/21/50
NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem.
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 8/21/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm J. Fichner & Sons
ADDRESS: North & Pennsylvania Ave

JT

456.35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07979

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 528 S. 46th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) D. (Last) Koser
4. DATE OF DEATH (Month) August (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-31-1893
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Ship yard
11. BIRTHPLACE (State or foreign country) Glen Rock Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Koser
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Effie Koser Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to August, 1950, that I last saw the deceased alive on August, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE Bw Sound (Degree or title) M.D. ADDRESS 2900 Demram Road DATE SIGNED 16 August 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-19-50
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Essex Md. (State)

DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE A.W. Heduck
24. FUNERAL DIRECTOR John G. Connelly ADDRESS

3264V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2900 Inman Rd

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15

07980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 yr., 137da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 3456 Chessel Court ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Kouns

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/5/08

9. AGE last birthday: 42 yrs. If under 1 year: Months 5 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Drydock

11. BIRTHPLACE (State or foreign country): Wilert, Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George W. Kouns

14. MOTHER'S MAIDEN NAME: Lucy Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 402-05-0285

17. INFORMANT AND ADDRESS: George Kouns, 3456 Chessel Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
02x Immediate cause	(a) Chronic Pulmonary Tuberculosis	1½ yrs.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous empyema with bronchial pleural fistula.	10 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/8/49

19b. MAJOR FINDINGS OF OPERATION: Lobectomy and Thoracoplasty

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1949, to 8/16, 1950, that I last saw the deceased alive on Aug. 16, 1950, and that death occurred at 2:40 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer P. Sauer, M.D. Mt. Wilson, Md. 8/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/19/50
NAME OF CEMETERY OR CREMATORY: Dixion Cemetery
LOCATION (City, town, or county) (State): Ashland, Kentucky

DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul St. Baltimore, Md.

26641

RECEIVED
AUG 21 1950
BUREAU V.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07981

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1252 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 1252 Maple Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CORA VIRGINIA LANE

4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1950 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr. 5-1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Brown
14. MOTHER'S MAIDEN NAME Carrie Jordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) B
16. SOCIAL SECURITY NO. None.
17. INFORMANT Virginia C. Bonicker ....Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Sudden
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	8/21/48
	(c) Cardio Vascular Disease	6 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1944 to 8/5, 1950, that I last saw the deceased alive on 8/4, 1950, and that death occurred at 1250P m., from the causes and on the date stated above.

SIGNATURE Eliot W Johnson (Degree or title) MD ADDRESS 343 Frederick Ave DATE SIGNED 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 8/ 50
NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE REC'D BY LOCAL REG. 8/8/50
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR F. B. Wippert & Son ADDRESS

J T

F.B.WIPPERT & SON 1300 EUTAW PLACE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07982

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village-Pksvle	LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7016 Plymouth Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village, Pikesville
	STREET ADDRESS (If rural, give location) 7016 Plymouth Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	H	LOHR	Aug.	23,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	March 18, 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rtd. Engineer	Railroad	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob H. Lohr	Mary E. Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	705 - 10 - 6484	Mrs. May C. Lohr 7016 Plymouth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ariecular Fibrillation	3 yrs.
433.1 Antecedent cause(s)		
95a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Fibrosis.	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.	none.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no.	none.			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none.			m.		none.

22. I hereby certify that I attended the deceased from 3-21, 1941, to 8-23, 1950, that I last saw the deceased alive on 8-21, 1950, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Eagles	M.D.	Reisterstown, Md.	8-24-50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/25/50	St. Johns Cem.	Worthington Valley, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/28/50	A. W. Hedrick	Wm. J. Tichner & Sons	Balto. Md.

32247

07983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Lincoln Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles - Mack
4. DATE OF DEATH (Month) (Day) (Year) 8 - 27 1950

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH May 1885
9. AGE last birthday 65 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed
10b. KIND OF BUSINESS OR INDUSTRY Farm Bank Laborer
11. BIRTHPLACE (State or foreign country) Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Emaniel Mack
14. MOTHER'S MAIDEN NAME Martha?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Edw. Mack - 325 Lennox Ave - Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	11 Days
331x Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unkn
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1950, to Aug 27, 1950, that I last saw the deceased alive on Aug 27, 1950, and that death occurred at 9.40 P m., from the causes and on the date stated above.

SIGNATURE Kenneth A. Staen (Degree or title) M.D. ADDRESS Lutherville DATE SIGNED 8/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/31/50
NAME OF CEMETERY OR CREMATORY Pleasant Rest Cem
LOCATION (City, town, or county) Towson (State) Md

DATE REC'D BY LOCAL REG. 8/29/50
REGISTRAR'S SIGNATURE Geo. Hedrick
24. FUNERAL DIRECTOR Mamie W. Wright - 721 Ausquith ADDRESS Balto City

DN 866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07984

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LOCHEARN - RURAL
LENGTH OF STAY (in this place) ONE YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3505 OLD MILL Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - LOCHEARN
STREET ADDRESS (If rural, give location) 3505 OLD MILL Rd.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) KTHERINE (Last) MAERZ

4. DATE OF DEATH (Month) AUGUST (Day) 26 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MARCH 14, 1869

9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HENRY ERNSTBERGER

14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT MRS. MARY E. LEE - DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) CEREBRAL APOPLEXY	14 HOURS
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE	20 YEARS
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1950, to AUGUST 26, 1950, that I last saw the deceased alive on AUGUST 25, 1950, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE Edwin G. Purport, M.D. (Degree or title) ADDRESS 8027 LIBERTY Rd, ROCKDALE DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/29/50
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 8/28/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

07985

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale. LENGTH OF STAY (In this place): Balto 6, 2wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rear 1111 Chesaco ave.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24.
STREET ADDRESS (If rural, give location): 13 N. Highland ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Manning.
4. DATE OF DEATH (Month) (Day) (Year): Aug 13 50

5. SEX: Female.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: June 21/1887
9. AGE last birthday: 63 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfr
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Rode.
14. MOTHER'S MAIDEN NAME: Margaret McAllister.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: James ~~Jerry~~ Manning Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cerebral hemorrhage hemiplegia Left, — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio. Vascular Renal Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Mr Carmine M.D. Deputy Medical Examiner Balto. Co Randall & 2 Md 8/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 17/50
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 8/15/50
REGISTRAR'S SIGNATURE: H.A. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2008 Orleans

D by

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07986

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Monkton
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hereford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ? COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Monkton.
STREET ADDRESS (If rural, give location) Hereford.

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Anna (Last) Mays.

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 3 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Best Miller.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Walter Almony Parkton Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — Interval between onset and death: 4 days

490X Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. M. Frame M.D. ADDRESS Parkton Md. DATE SIGNED 8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: August 7 1950 — NAME OF CEMETERY OR CREMATORY: Hereford Baptist Cem. — LOCATION (City, town, or county) (State): Parkton, Md. R.D.

DATE REC'D BY LOCAL REG. Aug 6 1950 — REGISTRAR'S SIGNATURE: Louise C. Fenton

24. FUNERAL DIRECTOR: Jacob Harlenstein — ADDRESS: New Freedom, Pa.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07987

Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22; LENGTH OF STAY (in this place) 5 yrs 6 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 736 Peach Orchard Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22; STREET ADDRESS (If rural, give location) 736 Peach Orchard Lane

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) RICHARDSON McGUIRE

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 4, 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs.: Hours - Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Practical Nursing

11. BIRTHPLACE (State or foreign country): Accomac Co, Virginia

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: Lemuel Richardson

14. MOTHER'S MAIDEN NAME: Mary Givens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. Major McGuire, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: 15 hrs

444X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107 (b) Broncho-Pneumonia — 36 hours

(c) Hypertension (Essential) — 1½ Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1944

19b. MAJOR FINDINGS OF OPERATION: Adenoid Tissue (John Hopkins Hospital)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to August 23, 1950, that I last saw the deceased alive on August 23, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Wade, M.D. ADDRESS DATE SIGNED August 23 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-27-1950 — NAME OF CEMETERY OR CREMATORY: Arbutus Memorial — LOCATION (City, Town, or county): Arbutus — (State): Md.

DATE REC'D BY LOCAL REG.: 8/25/50 — REGISTRAR'S SIGNATURE: A W. Hedrick

24. FUNERAL DIRECTOR: Mrs Katie R Williams — ADDRESS: 322 Lehmans Rd

JT

76086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CERTIFICATE OF DEATH

Registered No. 47

BIRTH NO.

1. NAME OF DECEASED (Type or Print): McNEAL, CHARLES ELMER

2. DATE OF DEATH: AUG. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 377 TAMPA ROAD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME Hyde Park
C. Length of stay in Baltimore 5 YRS Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALT.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~BA~~ RURAL - BALT. CO.
D. STREET ADDRESS (If rural, give location): BOX 377 TAMPA RD. HYDE PARK

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: SEPT. 7, 1892
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): TOWONDA, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE McNEAL
14. MOTHER'S MAIDEN NAME: EUNICE FOSTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 078-12-8821
17. INFORMANT: WIFE ADDRESS: MRS. MYRTLE McNEAL - SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF LUNG, RT. — INTERVAL BETWEEN ONSET AND DEATH: 5 APR 1950
DUE TO
163X ANTECEDENT CAUSES
(B) —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
47d
(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): NONE
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 20, 1950, *to* Aug. 21, 1950, *that I last saw the deceased alive on* AUG. 21, 1950, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: James W. Markham M. D.
23B. ADDRESS: Ridge Road, Fuller Med. Group
23C. DATE SIGNED: Aug. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: 8/28/50
REGISTRAR'S SIGNATURE: A. W. Heduck
25. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: 000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07989 2

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Baltimore

City or town: Lansdowne (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 247 Second Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Lansdowne (If outside city or town limits, write RURAL and give nearest town)

Street No.: 2216 Hammonds Ferry Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Clara M. Merson

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: late Charles E. Merson, Sr.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1865

8. AGE: Years 84 Months 10 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Own Home

FATHER

12. Name: Joseph Dunkerly

13. Birthplace: Unknown

MOTHER

14. Maiden name: Sarah Jones

15. Birthplace: Unknown

16. Informant: Mrs. Annie Hoffman Offelman

Address: 247 Second Ave. Lansdowne, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Aug. 21/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Balto. 29, Md.

18. Funeral director: Harry H. Wintzke

Address: 4101 Edmondson Ave.

19. 8/18 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 17, 1950. 19..... at 7 45/A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/6/50 19..... to 8/17/50 19.....

and that I last saw h ER alive on 8/15/50 19.....

Immediate cause of death: CEREBRAL THROMBOSIS — DURATION: 12 days

Due to: 332X

Due to:

Other conditions: ARTERIOSCLEROSIS, GENERALIZED

83b (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: C. Arthur Kossberg M.D. M. D. or other

Address: 2411 Washington Blvd. Date signed: 8/18/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07990

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1129 Brentwood Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Charles E. Miller

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	M.

6.(b) Name of husband or wife: Naomi S. Miller
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 18, 1878

8. AGE: Years 72 | Months # | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace: Penna.
(Town, county, and state)

10. Usual occupation: Brick Layer

11. Industry or business

FATHER
12. Name: ?
13. Birthplace

MOTHER
14. Maiden name: ?
15. Birthplace

16. Informant: Ida E. Carey (Daughter)
Address: 1129 Brentwood Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-28-50 (month) (day) (year)
Cemetery or crematory: Glenwood
Location: Wash. D.C.

18. Funeral director: Flynn & Fleming
Address: 1426 Light St.

19. 8/28/1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 25- 1950, at 3P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/1 1950, to 8/25 1950
and that I last saw him alive on 8/23 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 week
Due to: Hypertension	2
Due to: Arteriosclerosis	?
Other conditions: 331X 83a	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Joseph L. Blum M.D.
M. D. or other
Address: 1147 N. Carey St. Date signed 8/26/50

306/14

Evidence for change of birth date shown on:

FILM No. G 127 AUG 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07991

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (In this place) 3 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Granite Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oklahoma COUNTY Pushmataha
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Antlers
STREET ADDRESS (If rural, give location) R 7. D #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ONIE	A.	MOON	8	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	1/17/19	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welders helper	Pipeline construction	Commerce, Texas.	U.S.A.

13. FATHER'S NAME: Frank Moon
14. MOTHER'S MAIDEN NAME: Ora Bryce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes-Army #2	444-18-3977.	Cecil H. Moon — Haworth R 7. D. # 1 Okla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
910.8 Immediate cause	(a) Crushed Chest (by 30" gas pipe)	15 min.
186 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Internal Hemorrhage	15 min.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	Gas Pipe Line	Randallstown	Balto.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
8	19	'50	1:30 p.m.			Gas Pipe Shidded off of blocks & rolled down.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Eagles	Med. Exam. M.D.	Reisterstown, Md.	8-20-'50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-24-'50.	Antlers	Antlers Oklahoma.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-20-50	Mary B. Eline	Frank H. Newell — Pikesville. Md.	

464-49

RECEIVED
AUG 22 1950
BUREAU V. A

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07992

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Upperco Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
STREET ADDRESS (If rural give location) Upperco, Md.

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Wayne (Last) Myers

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1950

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Mch 16-50
9. AGE last birthday 0 yrs. If under 1 year Months 5 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Balto Co City Md.
12. CITIZEN OF WHAT COUNTRY? WSA

13. FATHER'S NAME Thomas Byerly Myers
14. MOTHER'S MAIDEN NAME Erma Romaine Therit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Erma Romaine Myers

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Intestinal Colic - Intest-invagination 3

049.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Indigestion - from sour milk

119a

(c) Shock

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1950, to Aug 30, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 5 45 A m., from the causes and on the date stated above.

SIGNATURE Cyril E. Fowble, M.D. (Degree or title) ADDRESS Upperco, Md. DATE SIGNED Aug 30 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 1/50
NAME OF CEMETERY OR CREMATORY St. Paul's
LOCATION (City, town, or county) Arcadia, Balto Co (State) Md

DATE REC'D BY LOCAL REG. Aug-31-50
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

2-0-316-0-409-409

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07993

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova
LENGTH OF STAY (in this place) 7-months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catherine Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Oak Ave.

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) Huston (Last) Nussear
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7/20/1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Carroll Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Spurrier
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Charles F. Nussear - 168 Sanders Road Buffalo. 23 - N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Aural Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	Years
	(c) Arterio Sclerosis	Years

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1950, to 8/21, 1950, that I last saw the deceased alive on 8/20, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Dr E E Nichols (Degree or title) ADDRESS Pikesville 8 Md DATE SIGNED Sept 23-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/50
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Md

DATE REC'D BY LOCAL REG. Sept 23-50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Frank H. Newell. ADDRESS Pikesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1950
BUREAU T. S

Evidence for addition of 21 shonw on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07994

FILM No. G 128 OCT 11 1950

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 31 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1240 E. Fort Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) W.	(Last) O'ROURKE	4. DATE OF DEATH	(Month) August (Day) 7, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-10-1874	9. AGE last birthday 76 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael O'Rourke			14. MOTHER'S MAIDEN NAME Mary (M.N. Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) SAW	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm/ Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis and lobular pneumonia	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial failure	Unknown
	(c) Hypertension	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture left hip, treated	1 month

443X

186a

900.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) 1240 E. Fort Ave. Balto. ~~(COUNTY)~~ city 30 Md.	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-7-50 m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell down steps (10-11-50 - ams)	

22. I hereby certify that ~~I~~ VA attended the deceased from 7-7-, 1950, to 8-7-, 1950 ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
NC.M PAUL PADGET, M.D. Paul Padget	Chief Medical Service	VAH, Ft. Howard, Md.	8-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/11/50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 8/9/50	REGISTRAR'S SIGNATURE A. W. Hedrick Jr.	24. FUNERAL DIRECTOR Blight Funeral Home, 6009 Harford Rd., Balto., Md.	ADDRESS

Mildred T. Blight

XVX99

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07995

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 613 E. St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location): 613 E. St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Margaret (Last) Ott

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 14, 1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Sec't.)

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Ott

14. MOTHER'S MAIDEN NAME: Louise Schuler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: Mary Anna Brown--613 E. St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Insufficiency — 10 min.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Heart Disease — 6 mos.
(c) Generalized Arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James F. Means M.D. 520 E. St Sp Pt, Md. 8/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/11/50 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 8-10-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

John A. Moran 3000 E. Balto. St. Balto. 24 15629

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07996

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural -- Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Turkey Point & Greyhound Rds

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural -- Essex
STREET ADDRESS (If rural, give location): Turkey Point & Greyhound Roads

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Barbara (Last) Parks.

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13/1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Koska

14. MOTHER'S MAIDEN NAME: Barbara Schindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marlin A. Parks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Occlusion -	10 min.
944 a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	6 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W M Sarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS: Bala Co. Dundalk, 22 Md DATE SIGNED: 8/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 9-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/7/50 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: William Cody, Inc. ADDRESS: 1217 St. Paul St.

VS. A15A

ST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07997

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard | LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 31
STREET ADDRESS (If rural, give location): 1531 E. Lombard Street ✓

3. NAME OF DECEASED (Type or Print): (First) EDDIE (Middle) (NMI) (Last) PAYNE

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/19/1896

9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, FAR ADVANCED	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 31, 1950, to Aug. 22, 1950, and that death occurred at 5:25 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) M. D., Chief, Medical Service - VAH ADDRESS Fort Howard, Maryland DATE SIGNED 8-23-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/25/1950	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/50	C W Medical	Elroy O. Wilson	1000 Brantley Avenue Baltimore, Maryland

JT 9884

MARYLAND STATE DEPARTMENT OF HEALTH

07998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Baltimore
STREET ADDRESS (If rural, give location) Presbyterian Home 3010 St Paul St.

3. NAME OF DECEASED (Type or Print): (First) Elise (Middle) M. (Last) Payne
4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Oct 26, 1878
9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dr. John M. Payne
14. MOTHER'S MAIDEN NAME: Betty O. Hart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs I. E. Elliott-Supt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Heart disease, vascular chronic with occlusion — 8 hrs

930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — Unknown
(c) Arteriosclerosis with senile changes — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 24, 1950, to same day 8-24-1950, that I last saw the deceased alive on Aug. 24, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin L. Hudson M.D., D.M.E. | ADDRESS Towson Md. | DATE SIGNED 8/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-28-50 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. 8/28/50 | REGISTRAR'S SIGNATURE Wm. Hedrick | 24. FUNERAL DIRECTOR John O. Mitchell & Sons | ADDRESS 1900 Eutaw Place

07999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6911 Windsor Mill Road	STREET ADDRESS (If rural, give location) 6911 Windsor Mill Road

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Jackson	(Last) Peregoy	4. DATE OF DEATH	(Month) August (Day) 12 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 7, 1885	9. AGE last birthday 65 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder - Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Woodlawn, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John C. Peregoy		14. MOTHER'S MAIDEN NAME Julia A. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 216-12-6368	17. INFORMANT AND ADDRESS Mr. Edward J. Peregoy, 3616 Sussex Road, Balto.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Gerhard Hemorrhage	1 hour
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arturo Schlerin	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug 11, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 4.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. C. Sirinek — ADDRESS 4509 Liberty Heights Ave. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Aug. 14, 1950	NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. 8/14/50	REGISTRAR'S SIGNATURE H. W. Hedrick Dm	24. FUNERAL DIRECTOR Phillis Lamoreau	ADDRESS 4510 Liberty Heights Ave. 308 V9

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp., Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 800 W. 35th Street

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Robert (Last) Perrollaz
4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/12/09
9. AGE last birthday Forty yrs. If under 1 year Months 9 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Paris, France
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Morris Perrollaz
14. MOTHER'S MAIDEN NAME Pauline Depoisier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 10/23/43 - 12/21/43
16. SOCIAL SECURITY NO. 219-05-7641
17. INFORMANT AND ADDRESS Mrs. Elizabeth Perrollaz 800 W. 35th St., Balto. 11, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2 Immediate cause (a) Gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

99 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric thrombosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 2, 1950, to August 6, 1950, that I last saw the deceased alive on August 6, 1950, and that death occurred at 3:45 p m., from the causes and on the date stated above.

SIGNATURE Bernard L. Letter (Degree or title) M.D. ADDRESS VAH, FortHoward, Maryland DATE SIGNED 8/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/50
NAME OF CEMETERY OR CREMATORY Balto. National Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 8/7/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Howard Blight Home ADDRESS 6009 Harford Rd., Baltimore, Md.

Mildred T. Blight

278 63

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08001

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 15 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Spring Grove State Hosp.

3. NAME OF DECEASED (Type or Print) (First): Julius (Middle): V. (Last): Porstmann

4. DATE OF DEATH (Month): 8 (Day): 13 (Year): 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-23-1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Retired

10b. KIND OF BUSINESS OR INDUSTRY: B+O.R.R.

11. BIRTHPLACE (State or foreign country): [redacted] ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Porstmann

14. MOTHER'S MAIDEN NAME: Augusta Strohmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes ~~Unknown~~ 1892-1895

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis (?), Cerebral Vas. Acid (?)

331 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - cerebral

94 a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE: George H. Longley (Degree or title): MD. ADDRESS: Spring Grove State Hosp. DATE SIGNED: 8/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-16-1950 — NAME OF CEMETERY ~~OR CREMATORY~~: Poplar Springs — LOCATION (City, town, or county): Poplar Springs (State): Md.

DATE REC'D BY LOCAL REG.: 8/15/50 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield. ADDRESS: Md.

32247

RECEIVED
AUG 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08002

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1 mth. 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) Wyman Park Apartments ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	COCHRANE	REEDER	August	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 2, 1863	87 yrs.	0	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cochrane	Amy (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no			Hospital Records, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Arteriosclerotic heart disease

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Psychosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1950, to Aug. 17, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE Samuel C Gordon (Degree or title) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-18-50	Green Mount	Baltimore Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/50	Nora Reddick Dep	Stevenson Morrello	Balto. Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08003

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 141 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1039 Brantley Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) ALPHONSO (Middle) M. (Last) RIKARD

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-28-1907

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Lunchroom

11. BIRTHPLACE (State or foreign country): Prosperity, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Rikard

14. MOTHER'S MAIDEN NAME: Carrie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 217-09-3324

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

C02 Immediate cause (a) Pulmonary tuberculosis, bilateral, far advanced active — Interval between onset and death: Unknown

13 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 3-22-, 1950, to 8-10, 1950, that I last saw the deceased alive on [illegible], 1950, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Fort Howard, Md. 8-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 8-11-50

NAME OF CEMETERY OR CREMATORY: Lever Chapel

LOCATION (City, town, or county) (State): Prosperity, S. C.

DATE REC'D BY LOCAL REG. 8/11/50

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave.,Balto.Md.

Shipped to: Childs & Robinson, Prosperity, S. C.

72071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08004

Reg. Dist. No. 30

1. PLACE OF DEATH:
County 102 Bloomsbury Ave
City or town Cationsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Cationsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 102 Bloomsbury Ave
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Dr. Richard Edward Ring

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Irene Ring
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 14, 1890

8. AGE: Years	Months	Days	If less than one day
60			..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual occupation Retired Druggist
11. Industry or business Own Store

FATHER
12. Name Peter E. Ring
13. Birthplace

MOTHER
14. Maiden name Esther Gress
15. Birthplace

16. Informant Mrs. Richard E. Ring
Address 102 Bloomsbury Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 2, 1950 (month) (day) (year)
Cemetery or crematory XXX Loudon Park
Location 3801 Frederick Rd.

18. Funeral director G. Howard Strong
Address 3207 W. North Ave. Balto 16. Md

19. 8/31/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29. 1950 at 8.30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 47 to 29 August 19 50
and that I last saw h. alive on 27 August 19 50

	DURATION
Immediate cause of death Hypertensive arteriosclerotic cardio-vascular disease	10-15 yrs
Due to 443X	
Due to 93d	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE John A Nesbitt Jr. M. D. or other
Address 20 E. Preston St Balto 2 Date signed 31 Aug 50

V3070

08005

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 E. Elm Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 103 E. Elm Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ELLA L. ROBIER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 7th, 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 7, 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Balto., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard A. Plowman
14. MOTHER'S MAIDEN NAME Ella L. Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mr. Samuel G. Robier, 103 E. Elm Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	7 days
	(c) Hypertension	2 yrs.

331 X
93 d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6th, 1949, to Aug 6th, 1950, that I last saw the deceased alive on Aug 6th, 1950, and that death occurred at 3 15/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. Edw. H. Benson Aug 2-1950

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Aug. 10, 1950
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Aug 7. '50
REGISTRAR'S SIGNATURE Mrs A. L. Reifsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08006

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Smithwood Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) ROBINSON (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 21st., (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 1, 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William P. Bockmiller

14. MOTHER'S MAIDEN NAME: Emily Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Richard Bockmiller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Myocardial Degeneration — Interval Between Onset and Death: 6 mos.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis — 1-2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Aug. 21, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. Lloyd Johnson M.D. — Catonsville, Md. — 8/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 23, 1950 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/23/50 — REGISTRAR'S SIGNATURE: W E Harry — 24. FUNERAL DIRECTOR — ADDRESS: Eastern Sons, Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08007

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nurseing Home (House in the Pines)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) I037 Aisquith Street ✓

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) (Last) Rosenberger

4. DATE OF DEATH: (Month) August (Day) 30 (Year) I950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 26, 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Char-women

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Rosenberger

14. MOTHER'S MAIDEN NAME: Katherine Thillmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Rose Meninger-I037 Aisquith Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval between onset and death: 1 wk.

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertensive Cardio-Vascular Disease — 23 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1950, to 8-30, 1950, that I last saw the deceased alive on 8-29, 1950, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William K. Gallagher M.D. Catonsville-28, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9-2-50

NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer

LOCATION (City, town, or county) (State): Belair Rd. Balto: Md.

DATE REC'D BY LOCAL REG. 8/31/50

REGISTRAR'S SIGNATURE: H. W. Pedrick

24. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: -I735 Harford Avenue

71494

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08008

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; MARYLAND; LENGTH OF STAY (In this place) 46 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4502 Kathland Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) F. (Last) RYAN

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-10-1911

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Ryan

14. MOTHER'S MAIDEN NAME: Nellie Segrue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 **Immediate cause** (a) Hepatitis toxic secondary to Alcoholism — Interval between onset and death: 12 Days

124a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition; Gangrene left foot — Unknown; 14 Days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 8-16-, 1950, to 8-31-, 1950, that I last saw the deceased alive on ~~[illegible]~~, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D. Chief Surg. Service. VAH, Ft. Howard, Md. 8-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 2 1950 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. 9/1/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Harry Armacost Funeral Home, Balto., Md.

JST Harry H. Armacost 60896

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08009

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: BALTIMORE CO., MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1743 Leslie Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 1743 Leslie Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN SAKOWSKI

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1950 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Sakowski

14. MOTHER'S MAIDEN NAME: Caroline Novich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Katherine Sakowski, 1743 Leslie Ave., Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic C. V. Disease	1 yr
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cellulitis of Buttocks - Decubitus ulcers — 6 Mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Aug 13, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Stephen C. Mackowiak (Degree or title) M.D. — ADDRESS: 6714 Holabird Ave Balto 22 Md — DATE SIGNED: 8/14/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 8/16/50 — NAME OF CEMETERY OR CREMATORY: Christ Lutheran Church — LOCATION (City, town, or county) (State): Cem. Dundalk, Md.

DATE REC'D BY LOCAL REG.: 8/15/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., MD. — ADDRESS: Sig. F. Sander

000VV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

BC 08010 Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 67 yrs
Hospital, Institution, or street address where death occurred:
Nursing Home, 315 Ingleside Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: ~~315 Ingleside Ave.~~ Oliver St
(If rurol, give LOCATION)
2.(a) If veleran, name war

3.(a) FULL NAME: Victor P. Schmidt, Sr.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: late Grace H. Schmidt
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 2, 1862

8. AGE: Years	Months	Days	If less than one day
88	5	14	..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Retired Clerk
11. Industry or business: Butler Bros.

FATHER
12. Name: Moritz Schmidt
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mr. Victor P. Schmidt, Jr.
Address: 3919 Colchester Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 19/50 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18. Funeral director: Harry A. Quitzke
Address: 4101 Edmondson Ave.

19. 8/18/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 16/50 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 19 50 to Aug 17 19 50 and that I last saw h. l. m. alive on 16 Aug 19 50

Immediate cause of death	DURATION
Terminal, hypostatic pneumonia	3 days
Due to: Arteriosclerosis, generalized	Uncertain
Due to: 450.0	
Other conditions: 97	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Lee Magnen MD M. D. or other
Address: Catonsville 28 Date signed 8-18-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08011

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
104 Hilton Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 104 Hilton Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Annie M. Schmoll

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: late Louis Schmoll
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 17, 1865

8. AGE: Years	Months	Days	If less than one day
85	4	21	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Henry O. Spittel
13. Birthplace: ---

MOTHER
14. Maiden name: Dorothy Freideriecka
15. Birthplace: ---

16. Informant: Mrs. Louise Essig,
Address: 104 Hilton Ave., Catonsville 28, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 12/50 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave. Balto. 29, Md.

18. Funeral director: Harry A. Wirtzl
Address: 4101 Edmondson Ave.

19. 8/10/50 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 8/50 19... at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1950 to 8/8 1950 and that I last saw h... alive on 8/8/50 19...

Immediate cause of death	DURATION
Cerebral hemorrhage	15 days
Due to Arteriosclerosis	years
Due to 331x	
Other conditions	
83a	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Williamson II M. D. or other
Address: 3534 Edmondson Date signed: 8/10/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

08012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Box 88, Quentin Ave.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (NMI) (Last) SCHUTZ

4. DATE OF DEATH (Month) (Day) (Year) August 22 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4/23/95

9. AGE last birthday 55 yrs. If under 1 year: Months | Days If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (House)

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Schutz

14. MOTHER'S MAIDEN NAME Barbara Popp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 215-05-6745

17. INFORMANT AND ADDRESS Clin. Records, Vet. Adm. Hosp. Ft. Howard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.1 Immediate cause (a) PAROXYSMAL VENTRICULAR TACHYCARDIA — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
95a (b) HEART DISEASE, ETIOLOGY UNDETERMINED — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE OF INJURY (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 19, 1950, to Aug. 22, 1950, ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxxxx~~ and that death occurred at 10:32 p.m., from the causes and on the date stated above.

SIGNATURE W. L. Fieck (Degree or title) ADDRESS DATE SIGNED

W. L. FIECK, M.D., ACTING CHIEF, PROFESSIONAL SERV. VAH, FORT HOWARD, MD. 8/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/26/50

NAME OF CEMETERY OR CREMATORY Moreland Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/23/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home, Belair Rd. Balto. Md.

JT

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08013

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In The Pines 16 Fusting Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklintown
STREET ADDRESS (If rural, give location) 5308 Overhill Ave.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Thomas (Last) Sedicum
4. DATE OF DEATH (Month) Aug. (Day) 18, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 11-22-1862
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Turn Key
10b. KIND OF BUSINESS OR INDUSTRY Balto. City Police
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Sedicum
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS George B. Sedicum 5508 Link Ave. Arbutus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) 1) Myocardial degeneration + insufficiency congestive cordiac failure. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

93d Antecedent cause(s) (b) 2) Arterio sclerotic type heart disease with cordiac hypertrophy. — several years.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 3) Generalized arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Aug 18, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Michel M.D. ADDRESS 1015 Poplar Grove St. Balto. 16 Md. DATE SIGNED 8-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-21-1950
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 8/21/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

JT ✓

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1015 Poplar Grove St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08014

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3826 Arbutus Avenue

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (NMI) (Last) SHEFFER

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/7/92

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: unk

11. BIRTHPLACE (State or foreign country): Owensboro, Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Sheffer

14. MOTHER'S MAIDEN NAME: Addie Logsdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 220-03-4348

17. INFORMANT AND ADDRESS: Clin. Records, Vet. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X Immediate cause (a) HYDRONEPHROSIS — Unknown

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Recurrent Carcinoma of Rectum — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 16, 1950, to Aug. 23, 1950, ~~that I last saw the deceased~~ alive on ~~xxxxxxxxxx~~ 19xx and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE: Clyde B Cone — (Degree or title): M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/25/50 | NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/25/50 | REGISTRAR'S SIGNATURE: A. W. Fedrick JT

24. FUNERAL DIRECTOR: Blight Funeral Home, 6009 Harford Rd. Balto. — ADDRESS: Mildred T. Blight

26649

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08015

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8006 OAKLEIGH ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural give location): 8225 OAKLEIGH ROAD

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) BERNARD (Last) Sipe

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: JUNE 16, 1879

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN SIPE

14. MOTHER'S MAIDEN NAME: ELMIRA ? SIPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219 16 5236

17. INFORMANT: MRS. RUTH SIPE - TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, chronic vascular; with occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

420.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin G. Hudson M.D., D.M.E. Towson, Md. 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: AUG. 5, 1950 | NAME OF CEMETERY OR CREMATORY: MORELAND PARK CEM. | LOCATION (City, town, or county) (State): PARKVILLE, MD.

DATE REC'D BY LOCAL REG.: August 5th 1950 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

988V9

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08016

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balti 21
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 E Woodvale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balti.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balti 21
STREET ADDRESS (If rural, give location) 216 E Woodvale

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) Hutchison (Last) Skaggs

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 10/16/83

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Dentist

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Jack Skaggs

14. MOTHER'S MAIDEN NAME Margaret Susan Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Daughter: Ruth Louise Skaggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
332x	Immediate cause	(a) Pulmonary edema	2 days.
83b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis with	
		(c) right hemiplegia	4 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov., 1949, to Aug, 1950, that I last saw the deceased alive on 1 Aug, 1950, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE Charles M. Kerr, M.D. (Degree or title) ADDRESS 815 Eastern Ave, Essex DATE SIGNED 1 Aug 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 3 1950

NAME OF CEMETERY OR CREMATORY Queens Point

LOCATION (City, town, or county) Kyser W. Va (State)

DATE REC'D BY LOCAL REG. 8/2/50

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Charles P. Towell 2497 Edmondson Ave ADDRESS

V1292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08017

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 12 yrs. 23 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 809 N. Belnord Ave. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Emanuel	J.	Sladek		Aug.	9	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4/20/1889	61 yrs.	3	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Bakery	Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emil Sladek	Rose Sluka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown		Unknown	Emanuel J. Sladek

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Pulmonary Tuberculosis	22 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart	40 yrs.
	(c)	

002X 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
No m.		

22. I hereby certify that I attended the deceased from 7/17, 19 38 to 8/9, 19 50, that I last saw the deceased alive on 8/9, 19 50, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Lamm	M.D.	Mt. Wilson, Md.	8/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/12/50	Holy Redeemer Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/9/50	Helen R. Mayer	Schimunek Funeral Home,	2601 E. Madison St. Balto., Md.

27861

RECEIVED
AUG 14 1950
BUREAU V. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08018

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 79 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 74 Charles Street

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) O. (Last) SMITH, Sr.

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 5/3/86

9. AGE last birthday 64 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John W. Smith

14. MOTHER'S MAIDEN NAME Frances Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin. Records, Vet. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
465x	Immediate cause	(a) MULTIPLE PULMONARY EMBOLI	Unknown
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural Thrombi, left Ventricle, left Auricle and right Auricle, and Myocardial Infarction	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 6, 1950, to Aug. 24, 1950, ~~that I last saw the deceased above on 19~~ and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE Harald S. Tidler, M.D. (Degree or title) ADDRESS VAH Fort Howard, Md. DATE SIGNED 8-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8-27-50 NAME OF CEMETERY OR CREMATORY Cedar Bluff. LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 25, 1950 REGISTRAR'S SIGNATURE Dr. Dawson Farber

24. FUNERAL DIRECTOR Taylor Funeral Home, Annapolis, Md. ADDRESS

-g-

32647

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08019

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mr Pikesville — LENGTH OF STAY (in this place): LIFE-TIME	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WINAND'S ROAD	STREET ADDRESS (If rural, give location): WINANDS ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
STERLING	CHRISTOPHER	SMITH	AUGUST	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday (yrs.)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO		JUNE 1 1950		2	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	BALTIMORE COUNTY	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
STERLING CHRISTOPHER SMITH	MARY FRANCIS NORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	—	MR. STERLING SMITH - FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X **Immediate cause** (a) LOBAR PNEUMONIA — — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from AUG. 24, 1950, to AUG. 24, 1950, that I last saw the deceased alive on AUG. 24, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E. Wheeler	MD.	Randallstown Md.	Aug. 24 50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/26/50.	St. Thomas	Liberty Rd. Rockdale

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/50	[illegible]	Frank R. Yourell - Pikesville	Md.

1-0-6-01-0-32-9-40-5

RECEIVED
AUG 28 1950
BUREAU P. I.

08020

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BLACK + DECKER MFG. CO. E. PENNSYLVANIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural give location): 527 PARK AVENUE

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) AUGUST THEODORE (Last) SOINE

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: Oct. 23, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOOKKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: BLDG. + LOAN CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE WILLIAM SOINE

14. MOTHER'S MAIDEN NAME: EMMA KATHERINE SIEGLEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 215-07-0784

17. INFORMANT: MISS PHYLLIS SOINE, TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary occlusion, sudden	Sudden
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, vascular	4 yrs.
		(c) Hypertension with arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin E. Hudson (Degree or title) M.D., D.M.E. ADDRESS: Towson, Md DATE SIGNED: 8/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: Aug. 15, 1950

NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY

LOCATION (City, town, or county) (State): PIKESVILLE, BALTO. CO., MD.

DATE REC'D BY LOCAL REG.: 8/13/50

REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR: JOHN BYRNS' SONS, TOWSON, MD. ADDRESS:

2108V

RECEIVED
AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

118621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8; LENGTH OF STAY (in this place) 5 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Sherwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8; STREET ADDRESS (If rural give location) 21 Sherwood Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Springman II

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 16, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master mechanic

10b. KIND OF BUSINESS OR INDUSTRY: machinery

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Springman

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216097832

17. INFORMANT: Viola Louise Gaultney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X **Immediate cause** (a) Metastatic carcinoma lungs. — 11 July 50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

47d (b) — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 August, 1950, to 11 August, 1950, that I last saw the deceased alive on 11 August, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles H. Williams M.D. 1337 Reisterstown Rd. Pikesville 8, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/14/50

NAME OF CEMETERY OR CREMATORY: Finkelsburg

LOCATION (City, town, or county) (State): Finkelsburg Md.

DATE REC'D BY LOCAL REG.: 8-12-50

REGISTRAR'S SIGNATURE: Dr. E. E. Nicholas Jr. M.D.

24. FUNERAL DIRECTOR: Frank H. Yeckell

ADDRESS: Pikesville Md

33660

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8022

Reg. Dist. No. 48

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hale Thorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hale Thorpe
STREET ADDRESS (If rural, give location) 4610 Ridge Ave — 10 M.

3. NAME OF DECEASED (Type or Print): (First) L. (Middle) Milton (Last) Stehl

4. DATE OF DEATH: (Month) Aug (Day) 20th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 8/21/1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Book Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Oldenburg Bros

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Stehl

14. MOTHER'S MAIDEN NAME: Jenaie Gaehle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-4810

17. INFORMANT AND ADDRESS: Bertha C. Stehl 4610 Ridge Ave Hale Thorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — 1 hr.

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 24 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1950 to Aug 20, 1950, that I last saw the deceased alive on Aug 20, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) W. S. Larson M.D. — ADDRESS 1711 Selma Ave. — DATE SIGNED 8/4/50

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 8/23/50 — NAME OF ~~CEMETERY~~ OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 8/22/50 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

JT

23663

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08023

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luthersville
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED (Type or Print) (First) Grafton (Middle) Otis (Last) Stickles
4. DATE OF DEATH (Month) August (Day) 25 (Year) 1950

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 7-18-1899
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic
10b. KIND OF BUSINESS OR INDUSTRY Troys Inc
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry B. Stickles
14. MOTHER'S MAIDEN NAME Sarah Furr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-14-3471
17. INFORMANT Mrs. Grafton O. Stickles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Heart disease, chronic vascular with occlusion coronary,	Sudden
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson MD, D.M.E. (Degree or title) ADDRESS Towson Md DATE SIGNED 8/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-28-50
NAME OF CEMETERY OR CREMATORY Jessops Methodist
LOCATION (City, town, or county) Sparks Balto. (State) Md.

DATE REC'D BY LOCAL REG. Aug 31-50
REGISTRAR'S SIGNATURE Wilmer C Ewing
24. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Md. ADDRESS

33634

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

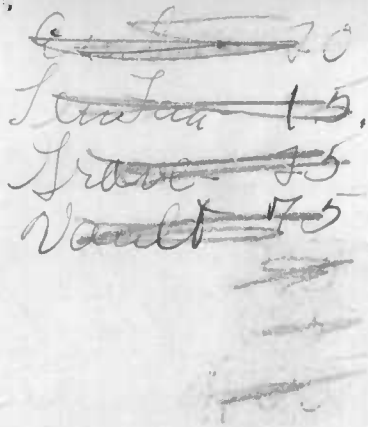
VS. A15A

I

T

M

Farm Machinery Repairs



~~[illegible] 70~~
~~San Juan 15~~
~~Grave 75~~
~~Vault 75~~

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08024

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco | LENGTH OF STAY (in this place) 14 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco
STREET ADDRESS (If rural, give location) Old Hanover Rd.

3. NAME OF DECEASED (Type or Print): (First) WILHELM (Middle) (Last) STOFF

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1950

5. SEX: male. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: 7/21/95 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry
11. BIRTHPLACE (State or foreign country): Germany.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Heinrich Stoff
14. MOTHER'S MAIDEN NAME: Barbara Younger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chas. Winh (Upperco)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
974X	Immediate cause	(a) Hanging (Suicide)	1 hr.
164a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic alcoholic	7 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home. | (CITY OR TOWN) Upperco. | (COUNTY) Balto. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15 '50 8 a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hung himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caplis. (Degree or title): Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 8-15-'50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 17, 1950 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park | LOCATION (City, town, or county) (State): Balto. Co.

DATE REC'D BY LOCAL REG. 8-17-50 | REGISTRAR'S SIGNATURE: Mary B. Ebline. | 24. FUNERAL DIRECTOR: H. Sander & Son | ADDRESS: Baltimore, Md.

496 29

RECEIVED
AUG 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18025

Reg. Dist. No. 3T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Sherwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) Frederick (Last) Stouer

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-13-1883

9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: office work

11. BIRTHPLACE (State or foreign country): Shrewsberry Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wm. Stover

14. MOTHER'S MAIDEN NAME: Cecelia Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-5331

17. INFORMANT AND ADDRESS: Russell Stover Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 5 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 3½ yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to August, 1950, that I last saw the deceased alive on 31 August, 1950, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees | (Degree or title) M.D. | ADDRESS Cockeysville Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9-3-50 | NAME OF CEMETERY OR CREMATORY: Bosley's Methodist | LOCATION (City, town, or county) (State): Sparks, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 9/1/50 | REGISTRAR'S SIGNATURE: Wm. J. Chilcoat | 24. FUNERAL DIRECTOR: J. Scott Brooks, Sparks, Md. | ADDRESS

26699

RECEIVED
SEP 6 1950.
BUREAU V. S

place of death; phone call to funeral director correcting as below. LL 8-8-50

08026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Washington blvd. Franklin Square Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Yosemite COUNTY Kentucky
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentucky
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) (Last) Sweet
4. DATE OF DEATH (Month) August (Day) 5 (Year) 1950
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 2, 1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Sam Statter
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Son Mr. Sweet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X Immediate cause (a) Uremia — 1 week

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Urinary retention — 4 weeks.

(c) Carcinoma of Cervix with Extension to Bladder and Rectum — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to Aug 5, 1950, that I last saw the deceased alive on Aug. 4, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE A. Bradley Daugharthy (Degree or title) M.D. ADDRESS 1264 Francis Ave Halethorpe Md. DATE SIGNED 8-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Aug. 7, 1950
NAME OF CEMETERY OR CREMATORY Middlebrook
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. August 5th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Geolinda A. Kenny ADDRESS Halethorpe Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

08027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 48 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 848 Hillman Court

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) S. (Last) TATE
4. DATE OF DEATH (Month) August (Day) 6, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marr-Sep.
8. DATE OF BIRTH 6-15-1895
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sargent Tate
14. MOTHER'S MAIDEN NAME Mary Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 126-05-1704
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410X Immediate cause (a) Rheumatic Heart Disease with mitral stenosis & mitral insufficiency — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

72b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro Intestinal hemorrhage etio. unknown — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) OF INJURY
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-19-, 1950, to 8-6-, 1960, ~~that I last saw the deceased alive on 19 and that~~ death occurred at 11:05 P m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED
IRVING FREEMAN, M. D. Act.Chief Med.Ser. VAVH, Ft. Howard, Md. 8-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-9-50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/8/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. CHARLES ST. 30

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08029

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1107 Slaters Rd. ✓

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) W. (Last) THOMAS

4. DATE OF DEATH (Month) August (Day) 26 (Year) 1950

5. SEX Male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-21-24

9. AGE last birthday 25 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Capitol Scrap Co.

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Thomas

14. MOTHER'S MAIDEN NAME Rose Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY No. unknown

17. INFORMANT AND ADDRESS Clin.Rec. Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
015X Immediate cause	(a) TUBERCULOUS MENINGITIS	Unknown
14 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) TUBERCULOUS LYMPHADENITIS	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 22, 1950, to Aug. 26, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE Gilbert M. Hoffman (Degree or title) M.D. ADDRESS VAH. FORT HOWARD, MD. DATE SIGNED 8-26-50

GILBERT M. HOFFMAN, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/31/50; NAME OF CEMETERY OR CREMATORY Balto.National Cemetery; LOCATION (City, town, or county) (State) Balto.Md.

DATE REC'D BY LOCAL REG. 8/30/50; REGISTRAR'S SIGNATURE B.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Elroy Wilson 1000 Brantley Ave. Balto. Md.

988-60

08028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 28 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 400 N. Bouldin Street ✓

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) N.	(Last) TISCHER	4. DATE OF DEATH	(Month) August (Day) 31, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: 1-20-1908	9. AGE last birthday: 42 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Building	11. BIRTHPLACE (State or foreign country): Hungary	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Joseph Tischer	14. MOTHER'S MAIDEN NAME: Julia Speiss				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-2	16. SOCIAL SECURITY No.: 213-01-1498	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 x Immediate cause	(a) Pulmonary Tuberculosis, bilateral, far advanced	Unknown
12 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from 8-3-, 1950, to 8-31-50, 19....., ~~that I last saw the deceased alive on ....., 19....., and that~~ death occurred at 11:45A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving Freeman IRVING FREEMAN, M.D.	Act. Chief Med. Ser.	VAH, Ft. Howard, Md.	8-31-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Sept 2, 1950	NAME OF CEMETERY OR CREMATORY: Holy Cross	LOCATION (City, town, or county): A.A. Co. (State): Md
DATE REC'D BY LOCAL REG.: 9/1/50	REGISTRAR'S SIGNATURE: H.W. Hedrick Dep	24. FUNERAL DIRECTOR: Mildred T. Blight	ADDRESS: 6009 Harford Rd 308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08030

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Beechwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 305 Beechwood Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M. (Last) WALSH

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: March 17, 187X

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Mc Shane

14. MOTHER'S MAIDEN NAME: Jane O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Anne Walsh-305 Beechwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Embolism — Interval Between Onset and Death: 1 hr.

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerotic Cardio-Vascular Disease — 3½ yrs?

(c) Emphysema (Pulmonary) — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1947, to 8-17, 1950, that I last saw the deceased alive on 8-16, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE George E. Horan (Degree or title) M.D ADDRESS 805 33rd Ave Balto 28 Md DATE SIGNED 8-17-50

22. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE 8-17-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) New Rochelle New York

DATE REC'D BY LOCAL REG. 8-17-50 | REGISTRAR'S SIGNATURE W E Harris

24. FUNERAL DIRECTOR ADDRESS George A Farley Catonsville, Md.

RECEIVED
AUG 21 1950
BUREAU V. S

Evidence for change of #1 and #22 as shown on

08031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 127 AUG 31 1950

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 3½ ~~270~~ days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 1810 Lawrence Street

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) J.	(Last) WASHINGTON	4. DATE OF DEATH	(Month) August (Day) 18 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: 9-17-04	9. AGE last birthday: 45 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Station attendant	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): West Indies	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Edmund Washington	14. MOTHER'S MAIDEN NAME: Betty Apple				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
181X	Immediate cause	(a) Uremia and Bronchopneumonia	2 days
52 b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral Ureterohydronephrosis	6 mos.
		(c) Infiltrating Papillary Carcinoma of Bladder	10 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-6-49 8-17-50	19b. MAJOR FINDINGS OF OPERATION: Total Cystectomy and Bilateral Ureterosigmoidostomy Incision and Drainage of Abdominal Abscess	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from ~~Nov. 21~~ 7/15/1949, to Aug. 18, 1950, ~~that I last saw the deceased alive on~~ ~~and that~~ death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel R. Pines Md.		VAH Fort Howard, Md.	8-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Aug. 21, 1950	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: 8/21/50	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Holland Funeral Home	ADDRESS: 1631 Druid Hill Ave. Balto.,Md.

496 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COLOR: Letter from Geo.Goldsmith,USVA Fort Howard, filmed 9-21-50 G127. L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08032

CERTIFICATE OF DEATH

Reg. Dist. No. XY

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1501 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDGAR	(NMI)	WATSON	August 25 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White Colored	married	3-30-97	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
porter — The Hub	Dept. Store	Ludewici, Ga.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josh Watson	Anna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW-1	233-05-6615	Clin. Records Vets.Adm. Hosp. Ft.Howard,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
151X **Immediate cause**	(a) Carcinoma of stomach with metastases to regional lymph nodes and liver	unknown
46.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA X attended the deceased from Aug. 1, 1950, to Aug. 25, 1950, ~~that I last saw the deceased alive on 19xx~~, and that death occurred at 10:10P m., from the causes and on the date stated above.

SIGNATURE: Gilbert M. Hoffman (Degree or title) — ADDRESS — DATE SIGNED

GILBERT M. HOFFMAN, M.D. VETERANS ADMINISTRATION HOSP. FORT HOWARD, MD. 8-26-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1950	Paul Hill Cemetery	Garnette, S.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
8/28/50	D.W. Hedrick	Geo. Holland 1631 Druid Hill Ave. Balto. Md

DHS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08033

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) About 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 7310 Heinle Ave.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) E. (Last) WEITZEL

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 9, 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Gerlock

14. MOTHER'S MAIDEN NAME: Nettie East

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Edward Weitzel 7310 Heinle Ave. Balto. Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1
46 P

Immediate cause (a) cachexia, myocardial insufficiency — Interval between onset and death: 5 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma of the liver — 18 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — no

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 19√0, to Aug. 11, 19√0, that I last saw the deceased alive on Aug. 11, 19√0, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. C. Dobihal M.D. DOBIHAL 447 N. Kenwood Ave 8/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: August 14 1950 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer CEM. | LOCATION (City, town, or county) (State): 4430 BELAIR RD. BALTO. MD.

DATE REC'D BY LOCAL REG. 8/14/50 | REGISTRAR'S SIGNATURE: H. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Charles S. Zeiler 901 S. Conkling St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08034

CERTIFICATE OF DEATH

FILM No. G 127 AUG 14 1950

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 612 S. Tolna COUNTY Balt City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt. Md.
STREET ADDRESS (If rural, give location) 612 S. Tolna Tolna

3. NAME OF DECEASED (Type or Print) (First) August (Middle) (Last) Werner
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH 9/11/1875
9. AGE last birthday 74 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dont Know
14. MOTHER'S MAIDEN NAME Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 220-24-8716
17. INFORMANT Mrs Anna Biebel 612 S Tolna St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X Immediate cause (a) Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1950 to 8/3, 1950, that I last saw the deceased alive on 7/8 1950, and that death occurred at 12 45 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
4613 Eastern Av. A. M. Greenberg Mfg

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 7/50 NAME OF CEMETERY OR CREMATORY First United Ev Cem LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 8/4/50 REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Ulrich Funeral Home 2008 Calcan ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition as shown in # 18

08035 38

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

FILM No. G 127 AUG 23 1950

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth
STREET ADDRESS (If rural, give location) 1400 49th St

3. NAME OF DECEASED (Type or Print) (First) HESTER (Middle) (Last) WOOD

4. DATE OF DEATH (Month) August (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Apr. 2, 1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Madison, Va.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Robert E Anderson
14. MOTHER'S MAIDEN NAME — Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
155X Immediate cause	(a) Malignancy of liver with or matastises into brain	3 to 4 mos
46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Pulmonary tuberculosis	3 to 4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1950, to Aug 5, 1950, that I last saw the deceased alive on Aug 5, 1950, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W A Bridges M.D., Supt., Eudowood Sanatorium, Towson 4, Md. 8-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/8/50
NAME OF CEMETERY OR CREMATORY Lt Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 8-8-50
REGISTRAR'S SIGNATURE ~~Amanda Downs~~
24. FUNERAL DIRECTOR F. Tasch & Sons ADDRESS Hyattsville Md

Dr. A.M. Bacon BFY

002

8/22/50 9.5

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08036

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltondale — LENGTH OF STAY (in this place) 23 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Wilton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltondale — STREET ADDRESS (If rural give location) 512 Wilton Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Rebecca (Last) Zabel

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-11-1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Bowman DeHuff

14. MOTHER'S MAIDEN NAME: Angeline Foust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Vera Z. Bartholomee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
I. 974 Immediate cause	(a) Asphyxiation by hanging - suicide	Sudden
1640 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diverticulitis, colon	8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) Balto. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 8/4/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 7, 1950 — NAME OF CEMETERY OR CREMATORY Parkwood Cem. — LOCATION (City, town, or county) Parkville (State) Md.

DATE REC'D BY LOCAL REG. August 5th 1950 — REGISTRAR'S SIGNATURE R.W.S. — 24. FUNERAL DIRECTOR H.W. Jenkins & Sons — ADDRESS 4905 York Rd.